

L22000294830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

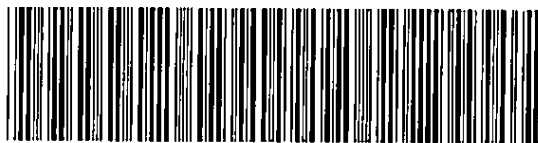
(Business Entity Name)

(Document Number)

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A. HUNT

03/05/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLAM-O-RAMA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Kylan MacLachlan-Dees

Name of Person

GLAM-O-RAMA LLC

Firm Company

5363 S. River Rd.

Address

Jacksonville, FL. 32211

City/State and Zip Code

Hkmd1113@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Kylan MacLachlan-Dees

Name of Person

at (904)

Area Code

3821362

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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GLAM-O RAMA LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

DATE
PAGE 1134

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated July 22nd, 2024

Katana Dees
Signature of a member or authority

Signature of a member or authorized representative of a member

Heather Kylan MacLachlan-Dees

Typed or printed name of signee

Filing Fee: \$25.00