Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)517-6383

From

Account Name: : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address:\_\_\_\_\_

2022 JAN 13 AM 11: ;

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLAMMED & STYLED BY DREA LLC

Certificate of Status	0
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JAN 1 7 2023

A. LUNT

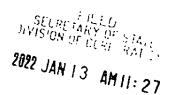
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



## GLAMMED & STYLED BY DREA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Fiorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L22000495129	were filed on $11/21$	/22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	Zip Code
	Ciţi		Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as revisiered agent and agre			, , , ,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR_	Andrea Knight	7901 4TH ST N STE 300	ZiAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	Jenesis Knight	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	□Remove
			<b>Z</b> iChange
	<del></del>		□Add
			□Remove
			Change
			CAdd
			□Remove
			□Change
			⊑Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if near stary)  JAN 13 AM	~ < /
. Effective date, if other than the date of filing:	.0207 (3)(t ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed.	the
Dated January 13 2023	
JENESIS KNIGHT  Signature of a member or authorized representative of a member	
JENESIS KNIGHT	

Filing Fee: \$25.00