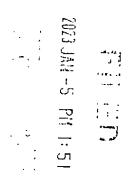
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| (Re | questor's Name) | |
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| (Ad | dress) | <u> </u> |
| (Ad | dress) | |
| (Cit | :y/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | <u> </u> |
| ed Copies | _ Certificates | of Status |
| sal Instructions to | Filing Officer. | |
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Office Use Only



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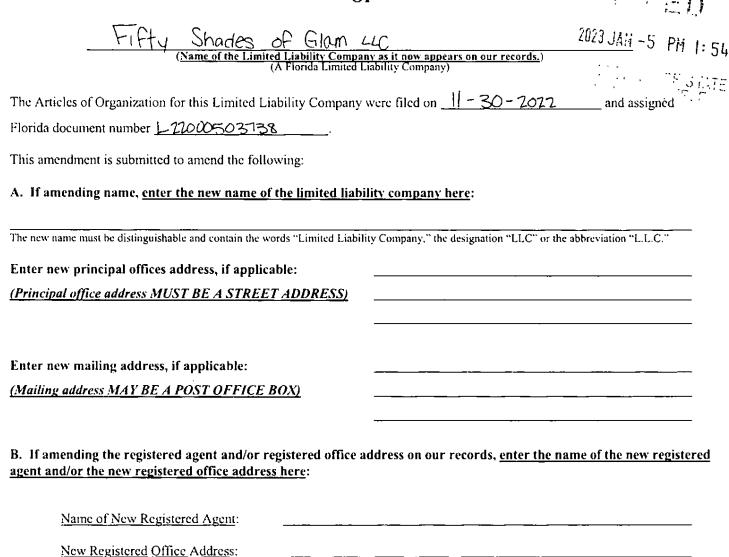
COVER LETTER

| 10: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Fifty Shades of Name of | Glam LLC Limited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this mat | tter to the following: |
| Ranigh Je | Name of Person |
| | Pirm/Company |
| 2741 North | Monroe St #1360 Address |
| Tallahassee F | City/State and Zip Code |
| <u>taniahienking</u> E-mail addres | s (to be used for future annual report notification) |
| For further information concerning this matter, pleas | e call: |
| Ranjah Jankins Name of Person | at (850) 459-9442 Area Code 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 & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy tadditional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



New Registered Agent's Signature, if changing Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------|-----------------|
| AMBR | Raniah Jenkins | 2241 North Monroe St #1360 | □Add |
| | | Tallahassee, FL 32303 | □Remove |
| | | | \(\sum_\)Change |
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| ii amuu | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ffective | date, if other than the date of filing: (optional) we 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 (|
| <u>Note:</u> If | we 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
| record s | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | Ranah (anking) Signature of a member or authorized representative of a member |
| | Raniah, Contins |
| | Signature of a member or authorized representative of a member |
| | |
| | Raniah Jenkins Typed or printed name of signee |

Filing Fee: \$25.00