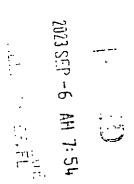
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(Requestor's Name)
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

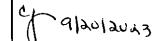


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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOTALLY Glowing By Miliam 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:
Miriam Perez Conde
TOTALLY ELOWING BY MIRIAM ILC Firm/Company
8825 Sea Island Way
Tampa FL 33.635 City/State and Zip Code Condemician 2001 @ gmail Com E-mail address: (to be used for future subual report notification)
Condeminary 2001 a gmail Com E-mail address: (to be used for future subjual report notification)
For further information concerning this matter, please call:
Miriam Perez Conde at (813) 777-3271 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 SEP -6 AM 7: 54 The Articles of Organization for this Limited Liability Company were filed on _____________________________and assigned Florida document number L23CO0232909 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida 3363° 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

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 = ManagerAMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AHBR	Miriam Perez Cond	le 8825 Sea Island Way Tampa FL 33635	[LAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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an eff ote:	ive date, if other than the date of filing:
recor Lis fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Aug/31 2023.
	Signature of a filembor or authorized representative of a member
	Miriam Perez Conde

Filing Fee: \$25.00