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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Se Division of Cor					
Kuznetsov	LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Polina Shishkina				
		Name of Person			
				_	3024 SEL
		Firm/Company			强 号 "
	440 NE 4th Ave. Apt 744				語与
		Address	-		PH PH PH PH
	Fort Lauderdale, FL 33301	l			SECRETARY OF STATE
		City/State and Zip Code			音韻・ち
	korofroca@gmail.com				
	E-mail address: (	to be used for future annual	report notification)		
For further information c	oncerning this matter, please c	all:			
Polina Shishkina		÷1 84 at ()	84440353		
Name o	f Person	Area Code	Daytime Teleph	ione Number	
Enclosed is a check for the	be following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee	e	i ¢en no cilia	E.ss
□ \$25.00 Fitting Fee	Certificate of Status	Certified Copy tadditional copy is en		! \$60,00 Filin Certificate ( Certified Co (additional co)	of Status &
Mailing Addres		Street A			
Registration 9 Division of C		<del>-</del>	ration Section on of Corporation	ons	
P.O. Box 632			entre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### **COVER LETTER**

TO: Registration Security Division of Corp			
Kuznetsov I	LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Polina Shishkina		
		Name of Person	
		Firm/Company	
	440 NE 4th Ave, Apt 744		
		Address	
	Fort Lauderdale, FL 33301		PE C
	korofroca@gmail.com	City/State and Zip Code	BY ST
	E-mail address: (	to be used for future annual report nout	ication)
For further information of	oncerning this matter, please ca	all:	2024 DEC 19 PH 3: 15 SECRETARY SEE, FI
Polina Shishkina		41 8484440353 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee		☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
2 325.00 Filing 1 33	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Sc	ction
Registration Division of 0		Division of Cor	porations
P.O. Box 63		The Centre of T	fallahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuznetsov LLC			<del>.</del>	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited L Florida document number 123000282600	iability Company	were filed on <u>06/12/2023</u>	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Glow Heroes LLC				
The new name must be distinguishable and contain the w	vords "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applic	rable:	1150 Nw 72nd Ave Tower 1 Ste 455		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33126		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	1150 Nw 72nd Ave Tower 1 Ste - Miami, FL 33126	455	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office	address on our records, enter th	五次 6 1	
Name of New Registered Agent:	Aleksandr Kuz	metsov	SSEE PH 33	
New Registered Office Address:	3500 Mystic P	ointe Dr. Apt 3907  Enter Florida street address	- PH 5	
	Aventura	, Flor	rida 33180	
		City	Zip Code	

# 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Polina Shishkina	1150 Nw 72nd Ave Tower 1 Ste 455, Miami Fl. 331	126 <b>≣</b> Add
			Remove
			🗆 Add
			□Remove
			🗀 Change
		SECRE IALL A.F.	Removas
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			URemove
			□Add
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			□Remove
			□Change

## Page 2 of 3

amending any other information	n, enter change(s) here: <i>(</i> .	Allach adailtonat she	ets, y necessary.)
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	<del></del>		
			2024 F
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			the w
			<del> </del>
ffective date, if other than the da	ite of filing:		(optional)
fan effective date is listed, the date must b	e specific and cannot be prior to a does not meet the applicable	date of filing or more that le statutory filing requi	irements, this date will not be listed
locument's effective date on the Dep	artment of State's records.		
		effortivo timo	at 12:01 a.m. on the earlier
ne record specifies a delayed on the Poth day after the recor	effective date, but not a d is filed.	an enective time,	at 12.01 d.m. on the co
Dated November 5	2024		
		•	
	MA	zed representative of a n	iember
	ignature of a methoer of physici-		
Aleksandr B Kuznetsov			

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Filing Fee: \$25.00