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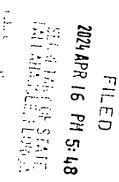
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COVER LETTER

TO:

Registration Section
Division of Corporations

	Tanning, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicole Leibovitz		
		Name of Person	
	Glow Lux Tanning, LLC		
		Firm/Company	
	6670 Canary Palm Circle		
		Address	
	Boca Raton FL. 33433		
		City/State and Zip Code	
	nicleibovitz@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Nicole Leibovitz		954 806-6269 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glow Lux Tanning, LLC

2024 APR 16 PH 5: 48

GIOW CAX Tallining, DDC			- 11 16 Pig
(Name of the Limi	ted Liability Cor	mpany as it now appears or led Liability Company)	tour records.
The Articles of Organization for this Limited L		1	ALLAHER MESTATE
The Afficies of Organization for this Elimited E	naomity Compa	mry were fried on	
lorida document number L23000331930			•
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited l	iability company here:	
Glow Lux Cleaning Service, LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
			
Enter new mailing address, if applicable:		n/a 	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or	•	ce address on our reco	rds, enter the name of the new registe
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	n/a		
	n/a		
New Registered Office Address:		Enter Florida	street address
			, Florida
		City	, FIOTICE 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 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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Change
		□Add	
			□ Remove
			☐ Change
			□Add
		<u></u>	□Remove
			□ Changa

	only want to change the name from Glow Lux Tanning, LLC to Glow Lux Cleaning Service, LLC.
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7. 05	ve date, if other than the date of filing: (optional)
f an effi Note:	ve date, if other than the date of filing:
e recor	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
rd is fil	ed.
	04-11-24
	February 09 2024
Dated .	
Dated	\sim
Dated .	M
Dated .	Signature of a member of authorized representative of a member

Filing Fee: \$25.00