## 123000341028

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to F	lling Officer.	
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## **COVER LETTER**

TO: Registration S Division of Co			
	OF ADDRESS AND COMPAN	NY NAME	
SUBJECT:	Name of Limi	ted Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MOUNIKA MEKALA		
		Name of Person	
	MOURNINGBEAUTY LL	С	
	<del></del>	Firm/Company	
	8605 TESSARA LANE		
		Address	
	TAMPA/FLORIDA 33647		
	<del></del>	City/State and Zip Code	, <del>.</del>
	GLAMBYMOUNI92@GM.	AIL.COM o be used for future annual report notific	ention)
r fahf		•	canon)
For further information (	concerning this matter, please ca	H:	
MOUNIKA MEKALA		6177929767 at ( )	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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		<u>Street Address:</u> Registration Sect	ion

Division of Corporations

P.O. Box 6327

TO:

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOURNING BEAUTY LLC		
/ <u>Name of the Limited Liability Com</u> (A Florida Limite)	pany as it now appears on our r I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan	y were filed on JULY 19,20	23 and assigned
Florida document number L23000341028		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GLAM BY MOUNI LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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:	35807 SUNFLOWER HI	LL DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	ZEPHYRHILLS,FLORIU	DA 33541
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	uldress
_		, Florida
<del></del>	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
			□ Add
		Петюче	
			☐ Change
			□Add
			□Remove
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			□Change

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(If an ef Note:	(optional)  ective 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 (3 must be date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
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Dated	Monumber of a member of a member
	Horus Ka Signature of a member or authorized representative of a member
	MOUNICA MEICALA Typed or printed name of signee