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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
GLOW NA	TURAL WELLNESS IP, LLC					
SUBJECT:	Name of Lim					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Durfee Law Group, PLLC	Name of Person				
		Firm/Company				
	1423 S. Higley Road, Suite	e 127				
		Address				
	Mesa, Arizona 85206					
	admin@durfeelawgroup.co					
For further information c	E-mail address: (to be used for future annual report noti	fication)			
	<u>.</u>	at ()	e Telephone Number			
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address: Registration Sec	ction			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of T	`allahassee (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOW NATURAL WELLNESS IP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/17/2024}{1}$ and assigned Florida document number L24000230742 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: 19908 Front Beach Rd New Registered Office Address: Enter Florida street address

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.

City

Panama City Beach

Florida <u>32413</u>

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
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ective date, if other than a effective date is listed, the date	the date of filing:			(option	nal)		0207
te: If the date inserted in this cument's effective date on the	s block does not meet	the applicable					
ecord specifies a delayed effects filed.	ctive date, but not an	effective time, a	t 12:01 a.m. on (he earlier of: (b)	The 90t	h day after	r the
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	Signature of a mem	ber or authorized	representative of	member		Ę.	
Ashton Cochran					÷	<u> </u>	

Typed or printed name of signee