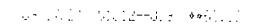
L24000341561

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(engleseasing)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300436452483



8/18/4 8/24



COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	PEARL & GLAM LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	3	J	
	ANGELITA J. ANTIPOL	O-JOHNSON	
		Name of Person	.
	AU'LANI'S PEARL & GU		
		Firm/Company	
	13364 BEACH BLVD UN	NT 433	
		Address	
	JACKSONVILLE, FLOR		· · · · · · · · · · · · · · · · · · ·
	aulanispearlglam@gmail.co	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
ANGELITA J. ANTIPO	LO-JOHNSON	904 864-4579	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta	porations -
i ananassee, i	22211	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
the abbreviation "L.IC."
name of the new regi
name of the new regi
name of the new reg
72 - 122 - 1
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2127 C - 2 17
21124 5 121

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	ANGIE J ANTIPOLO-JOHNSON	13364 BEACH BLVD. UNIT 433 JAX., FL 32224	≅Add
			□ Remove
			□Сһапде
AMBR	ANGIE J ANTIPOLO-JOHNSON	13364 BEACH BLVD. UNIT 433 JAX., FL 32224	🗃 Add
			□Remove
			□Change
AMBR	CHARLES R JOHNSON	13364 BEACH BLVD UNIT 433 JAX., FL 32224	🖹 Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			C)Charma

	_ _			
 			<u>-</u> .	
		·		
	•			
				
	 .		· · · ·	
ective date, if other than the da	te of filing:		(optiona	1)
effective date is listed, the date must be te: If the date inserted in this block				
tument's effective date on the Depar	rtment of State's records.	·	quiremonts, mis uu	e will not be instead
				707
cord specifies a delayed effective da	ate, but not an effective ti	me, at 12:01 a.m. on the	he earlier of: (b)	The 90th day after th
s filed.				,
				17
SEPTEMBER 10 ed	2024			, , ,
·	1 ^	_		: - 1
	4-00	a		-
	FIJULU	www.		

Filing Fee: \$25.00