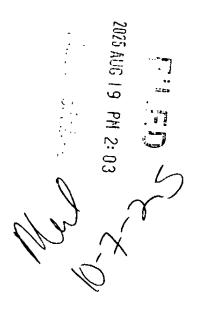
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Special Instructions to	Filing Officer:	





08/19/25--91037--004 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: X7Z GLOW LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eupeniya Cpaina	
Eupenija Canna Name of Person Xtzglow LLC	
Firm/Company	
2354 Raleigh St JAddress	
Hollywood, FL. 33020  City/State and Zip Code  boneupenia 88 0) yahoo. Com  E-nail/address: (to be used for future annual report notification)	202
E-mail/address: (to be used for future amphal report notification)	5 AU
For further information concerning this matter, please call:	5 9
Eugenity Opanna at (305) 680-4417 (Area Code Daytime Telephone Number	2025 AUS 19 PM 2: 03
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & Certificate of Status \$\Bigsquare \\$55.00 Filing Fee & Certificate of Status \$\Bigsquare \\$60.00 Filing Fee & Certificate of Certificat	Status & y

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liab Florida document number <u>L2500035</u>	oility Company were filed on <u>July 2025</u> and assigned			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regagent and/or the new registered office address in the Name of New Registered Agent:  New Registered Office Address:	istered office address on our records, enter the name of the new registered here:  Lipeniya Oparina 2534 Raleigh 87  Enter Florida street address  Holywood Florida 33000			
New Registered Agent's Signature, if changing Reg	City ZiptSode			
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and cred agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability range.			

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
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			□ Remove
			Change
			□Add
			□Remove
			□ Change
			☐Add
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	ive date, if other than the date of filing:  (optional)
	AC -
Effect	
i an ei Note:	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 805.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
	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
d is fi	led.
Dated	
	Signature of a member or authorized representative of a member