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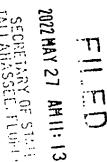
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: GLITZ AND DENIM RETVECT IN COOCUMENT NUMBER: P22000012409
DOCUMENT NUMBER: 1 AQUUU 1 A 7 0 9
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Ford Name of Contact Person Glitz and Denim Retreat Inc. Firm/ Company 24017 Sw. 1/144 Ave Address Homestead 71 33032 City/ State and Zip Code
Monna Kinshovse Ogmail, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Himberly Ford at (281) 725-0963 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment

FILED

3

	of	2022 MAY 27 AM :
Glitz and Denim T	Retreat II	W SECRETARY OF STATE
(<u>Name of Corporation as currently 19 </u>	ntly filed with the Florida Dept. o	irstate)LAHASSEE, FI(i) I
	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is <i>Florida Profit Corporation</i> adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
mame must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". "chartered." "professional association," or the abbreviation "P.A.	A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u></u>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses.		of the
Name of New Registered Agent	N / A-	
	street address)	,
New Registered Office Address:	, F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations o	f the position.
Signature of New	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	******	- -		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additiona	lding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)	
	N/H	
	,	
		
		
provisions for it	provides for an exchange, reclassification, or cancellation of issued shares, aplementing the amendment if not contained in the amendment itself: able, indicate N/A)	
	N/A	
	<u></u>	
		_

The date of each amendment(s) adoption: MAY 24 2022 if other than the
date this document was signed. Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Mry 24 2022
Signature Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Kimbelly Ford
(Typed or printed name of person signing)
President
(Title of person signing)