L17 606 136206

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration S Division of Co | | | |
|--------------|----------------------------------|---|---|---|
| CHID | Intense Co | osmetics | | |
| SUB | JECT: | Name of Lim | ited Liability Company | |
| The e | nclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please | e return all corresp | condence concerning this matter | to the following: | |
| | | Lalle F. Zouboye | | |
| | | | Name of Person | |
| | | Intense Cosmetics | | |
| | | | Firm/Company | |
| | | 10882 Cory Lake Dr | | |
| | | | · Address | |
| | | Tampa FL 33647 | | |
| | | | City/State and Zip Code | |
| | | letyzoub@gmail.com | | |
| | | E-mail address: (| to be used for future annual report noti- | fication) |
| For fi | urther information | concerning this matter, please c | all: | |
| Lalic | F. Zouboye | | 813 300-5755 at () | |
| | Name | of Person | Area Code Daytim | e Telephone Number |
| Enclo | sed is a check for | the 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 ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Intense Cosmetics | | | | | |
|---|--|---|------------------------|----------------|-------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | ny as it now appears on our rec Liability Company) | ords.) | | |
| The Articles of Organization for this Limited I | Liability Company | were filed on 06/14/2017 | | _ and assign | ned |
| Florida document number L17000130200 | · | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | | |
| Not applicable | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation "I | LLC" or the abbrev | viation "L.L.C | |
| Enter new principal offices address, if appli | cable: | Not applicable | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | | |
| | | | | 7 05 | == ; |
| | | | | 5 | |
| Enter new mailing address, if applicable: | | Not Applicable | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | | _ | • • |
| | | | | - | (- m |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ords, <u>enter the</u> | name of | the new |
| Name of New Registered Agent: | Not Applicable | | | | |
| New Registered Office Address: | | | | | |
| | | Enter Florida street ada | dress | | |
| | | | Florida | | |
| | | City | ; | Zip Code | |
| Now Desistand Asset's Constant if showing | Designand Assets | | | | |

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 |
|--------------|------------------|----------------------------------|----------------|
| Manager | Lalle F. Zouboye | 10882 Cory Lake Dr, Tampa Fl 336 | ■ Add |
| | | | ☐ Remove |
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| Not Applicable | | | | |
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| ective date, if other than the effective date is listed, the date mu | st be specific and cannot be | orior to date of filing or n | optional (optional nore than 90 days after filin | g.) Pursuant to 60 |
| e: If the date inserted in this bument's effective date on the I | lock does not meet the ap Department of State's reco | plicable statutory filir ords. | ig requirements, this dat | e will not be lis |
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| record specifies a delaye | | not an effective | time, at 12:01 a.m. | . on the earl |
| he 90th day after the red | ord is filed. | | | |
| December 5, | 2017 | | | |
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Filing Fee: \$25.00

Typed or printed name of signee