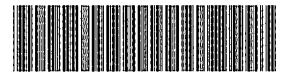
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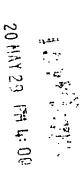
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(Bu	isiness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		}





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## **COVER LETTER**

### **Registration Section Division of Corporations**

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Registration S Division of Co			
Cozmo Be	aute LLC		جي <sup>پيد</sup> پ
IECT:	Name of Lin	nited Liability Company	The State of
	Amendment and fee(s) are sub	_	Portago de la companya del companya de la companya della companya
ise return all correspo	ondence concerning this matter	to the following:	8
	Alfrica N Robinson		
		Name of Person	<del></del>
	Be Beaute LLC		
		Firm/Company	
	2050 Collier Ave Ste 105		
		Address	
	Fort Myers Florida		
	BeBeauteLLC@gmail.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report notifica	ion)
For further information of	concerning this matter, please of	all:	
Alfrica N Robinson		239 920-1045 at ()	
Name o	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	on

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

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

20 MAY 23 PM 4.00 Cozmo Beaute LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2 Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ \_\_\_\_\_ and assigned orida document number 1.16000216908 is amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: 3e Beaute LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2050 Collier Ave Enter new principal offices address, if applicable: Ste 105 (Principal office address MUST BE A STREET ADDRESS) Fort Myers, Florida 33901 3314 Ellington Court Enter new mailing address, if applicable: Fort Myers, Florida 33916 (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: Alfrica N Robinson Name of New Registered Agent: 2050 Collier Ave Ste 105 New Registered Office 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 his document is being filed to merely reflect a change in the registered office address. I hereby confirm that the lighted liability company has been notified in writing of this change.

Fort Myers

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being accommoded from our records:

## t = Manager

## **JR** = Authorized Member

ž	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
.s	Alfrica N Robinson	3314 Ellington Court	
		Fort Myers, Florida 33916	□ Remove
			☐ Change
MBR	Tahje D Robinson	3314 Ellington Court	
		Fort Myers, Florida 33916	□Remove
			□ Change
PRES	David Wilson	8392 Heritage Club Dr	□Add
		West Palm Beach, Florida 33412	Remove
		<del></del>	□ Change
AMBR	David Wilson	8392 Heritage Club Dr	
		West Palm Beach, Florida 33412	■Remove
			□Change
			□Add
			□Remove
			□ Change
<u>_</u>			□Add
			□ Change

	<del></del>
-	all rights to this company/ business.
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fecti	ve date, if other than the date of filing: (optional)
in effi ote:	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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
есого	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
is fil	:d.
	April 21 2020
ited	, 2020
	$\lambda \sim 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1$
	Signature of a member of a thip rize of representative of a member
<u>-</u>	Signature of a member of authorized representative of a member  David Wilson

. . .

Filing Fee: \$25.00