L17000022421

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LAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	Cally ssee	ited Liability Company	
The er	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Shar	Name of Person	
		Call	lyssee 11 c Firm/Company	
		<u>15767</u> N	W 16 CT Address	
		Mlami Gac	dens FL 33160 City/State and Zip Code	1
		Shacon (E-mail address: (Ohicosmetics, cov	fication)
For fu	rther information c	oncerning this matter, please co	•	
	Shacon Name o	Torrech f Person	at (305) 906 - Area Code Daytime	2337 e Telephone Number
Enclos	sed is a check for the	ne following amount:		
□ \$2	5.00 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**

<u>Callyssee 11c</u>		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on A 27 17 and assigned	
Florida document number LIT 0000 22471.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		- 60
(Principal office address MUST BE A STREET ADDRESS)	18 f	-EC
	AA R	Œ.
	23	SA P
Enter new mailing address, if applicable:	A	<u>, </u>
(Mailing address MAY BE A POST OFFICE BOX)		SZ SZ
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		e nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>	

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
MGR	Tziyona Cohen	1400 Alton Road	Add
-		suite #201	₩ Remove
		Mami Beach, fl 33139	Change
			Add
			□ Remove
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n effective date is list ote: If the date inse	her than the date ed, the date must be sp erted in this block do date on the Departn	ecific and can bes not meet	not be prior t the applica	19/20 o date of filing ble statutory	or more than	(optional) 90 days after fill ements, this da	ng.) Pursuant to	605.02 isted
	s a delayed effe ter the record is		, but not	an effecti	ve time, a	it 12:01 a.n	n. on the ea	rlier
ted03/	19/2018	,		(1)	$\sum_{i=1}^{n}$			
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Filing Fee: \$25.00