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(Re	equestor's Name)	
(Ad	ddress)	
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COVER LETTER

TO: Registration Se Division of Cor		·		
Civilized C	osmetics, LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Raymond Cole			
		Name of Person		
	Civilized Cosmetics, LLC			
		Firm/Company		23
	1542 Washington Street			- 451 413
	· · · · · · · · · · · · · · · · · · ·	Address	90	7 - 2
	Hollywood, FL 33020			יס:
		City/State and Zip Code	5	ট্ট
	ray@civilizedcosmetics.com	n to be used for future annual report notifi)·	39
			cation)	
For further information c	oncerning this matter, please ca	all:		
Raymond Cole		212 365-8139 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy i	Status &
	ING ADDRESS: ation Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Civilized Cosmetics, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000052141</u> .	were filed on March 02, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1542 Washington Street, Hollywood, FL 33020
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: X: W
	Enter Florida street address
	City Sip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication for the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

_						
A	L	M	BR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES.	Paige Padgett	7300 Corbin Avenue, Unit J,	
		Reseda, CA, 91335	■ Remove
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October 1, 2017	'n	
tive date, if other than the date of filing: October 1, 2017 ffective date is listed, the date must be specific and cannot be prior to date of filing or	more than 90 days after filir	I) ng.) Pursuant to 60!
If the date inserted in this block does not meet the applicable statutory fill		
ment's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective	atime at 12·01 a.m	on the earli
e 90th day after the record is filed.	cime, at 12.01 a.m	. On the carm
2017		
October, 27 . 2017		
Signature of a member or authorized representation	ve of a member	
Physical Cala CEO		
Raymond Cole, CEO Typed or printed name of signee		