## 118000 286077

(Requestor's	s Name)
(Address)	
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## **COVER LETTER**

	netics, 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:	
	Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing,  the return all correspondence concerning this matter to the following:    Midley Pierre-Louis		
		Name of Person	Address  The and Zip Code  To future annual report notification)  To future annual report notification)
	Lore Cosmetics, LLC		
		Firm/Company	
	3132 W Lambright St Apt	403	
		Address	
	Tampa, FL 33614		
		City/State and Zip Code	
For further information c			uncation)
Midley Pierre-Louis		321 5573462	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
_		Division of Co	orporations
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORE COSMETICS, LLC		
( <u>Name of the Limited</u> (A	.iability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number 1.18000286077	lity Company were filed on 12/13/2018	and assigned
This amendment is submitted to amend the follow	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
OMIO COSMETICS, LLC		4
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "I	.L.C" or the abbreviation L.L.C."
Enter new principal offices address, if applicab	e: <u>N/A</u>	APR 1:
Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	N/A <u>N/X</u>	TO AN III
3. If amending the registered agent and/or registered agent and/or the new registered office address leading the Name of New Registered Agent:		ter the name of the new regist
	N/A	
New Registered Office Address:	N/A  Enter Florida street add	dress
		Florida
	City	Zip Code

## 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 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
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			□Remove
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Tective date, if other than the date of filing:		(optional)		
an effective date is listed, the date must be specific and cannot be prior to da ote: If the date inserted in this block does not meet the applicable	te of filing or more than	90 days after filing.) Pur-	agent to 605.02 not be listed	207 Las 1
ocument's effective date on the Department of State's records.	statuting respective	Cincinn, and date with		
record specifies a delayed effective date, but not an effective time, a lis filed.	at 12:01 a.m. on the e	arlier of: (b) The 90t	h day after th	he
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