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(Requestor's Name)	_
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(Document Number)	
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COVER LETTER

	Registration Se Division of Cor			
SHIDIEC		LACA CO LLC		
SUBJEC	· ·	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		MICHELE LACA		
		MICHELEMAKEUPCO L	Name of Person	
		11856 LAKE LUCAYA D	Firm/Company R	
		RIVERVIEW, FL 33579	Address	
		MICHELEMAKEUPCO@G	City/State and Zip Code GMAIL.COM	
		E-mail address: ()	to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
MICHEL	····		954 607-2801	-
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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)

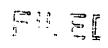
MAILING ADDRESS:

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



2019 JUL 26 AMI

MICHELE LACA CO LLC

MICHEEL EXCX CO EEC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	· / C\$27
The Articles of Organization for this Limited Liability C	Company were filed on <u>07/03/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MICHELEMAKEUPCO LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address address.		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	ed Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I further a	igree to comply with th

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 addedor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
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(If an effective on Note: If the	te, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa	e specific and cannot be price does not meet the appli	icable statutory filing requ	(optional) an 90 days after filing.) Purs uirements, this date will r	uant to 605,020 not be listed as
	specifies a delayed e day after the record		ot an effective time,	at 12:01 a.m. on the	he earlier o
Dated 07	7/23	. 2019	 ·		
_	Sig	mature of a member or aut	LACA horized representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00