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(Re	questor's Name)	
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COVER LETTER

TO: Registratio Division of	n Section Corporations		. •	
	smetics LLC		`	
SUBJECT:	Name of Lim	Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: faro Name of Person Name of Person Name of Person St 6th Court Address FL 33010 City/State and Zip Code 1000@gmail.com E-mail address: (to be used for future annual report notification) is matter, please call: 1786 1855-0592 Area Code Daytime Telephone Number		
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Jenny Alfaro			
	Kur Cosmetics LLC	Name of Person		
	2455 W. o. Ch. C	Firm/Company		
	2455 West 6th Court	Address		
	Hialeah, FL 33010	Addicas		
	jennyalfaro ⁹⁹ @gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	lication)	
For further informati	ion concerning this matter, please co	all:		
Jenny Alfaro				
Na	me of Person	Area Code Daytim	· Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25,00 Filing Fe	ce S30.00 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

Kur Cosmetics LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/17/2019}{}$ ____ and assigned Florida document number $\frac{L19000235449}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 office address on our records, enter the name of the lnew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Jenny Alfaro	2455 West 6th Court Hialeah, F1, 33010	
			□ Remove
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te: If the date	if other than the is listed, the date must inserted in this blactive date on the D	lock does not i	meet the appl	icable statutory	g or more than 90 filing requires	optional days after filing ments, this date) 3.) Pursuant to 605. 5: will not be listed	020 d a
	cifies a delayed y after the rec			ot an effect	ive time, at	12:01 a.m.	on the earlie	r (
ed October 3		<u>-</u>	. 2019			1	/	
		<u> </u>		/m/				
		Signature of a	member or au	aportzed renteset	itatiye o∦a mepil	DUT		

Page 3 of 3

Filing Fee: \$25.00