

L20 00000 67099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

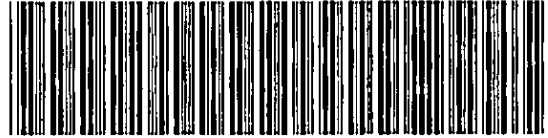
(Business Entity Name)

(Document Number)

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2020 OCT 26 PM 2:19

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12/7/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quench Cosmetics
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Pierce
Name of Person

Quench Cosmetics
Firm/Company

13645 E. Colonial Dr. Apt # 166
Address

Orlando FL 32826
City/State and Zip Code

Crys091984@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Pierce at (321) 830-4672
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Quench Cosmetics

(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 02/28/2020 and assigned Florida document number L20000067099.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13645 E. Colonial Dr.

Apt 166

Orlando FL 32826

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13645 E. Colonial Dr.

Apt 166

Orlando FL 32826

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Crystal Pierce

New Registered Office Address:

13645 E. Colonial Dr. Apt 166

Enter Florida street address

Orlando

City

Florida

32826

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.

Crystal Pierce

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Crystal Pierce	13645 E. Colonial Dr. Apt 166	<input checked="" type="checkbox"/> Add
		Orlando FL 32826	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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22 OCT 20 PM 2:19

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/20/20,

Signature of a member or authorize

Signature of a member or authorized representative of a member

Crystal Pierce
Typed or printed name of

Typed or printed name of signee

Filing Fee: \$25.00