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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	JAMOUR COSME Name of Lim	effes Le	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	luse	ette JosePh Name of Person	
	Amou	r COSMETICS Firm/Company	lle
	1801 Londo	DN CKEST Dr. AV	4 101
	orlando, r	City/State and Zip Code	<u> </u>
	<u>Usette</u> j E-mail address: (To II D GMa I /. COI to be used for future annual report noti	tication)
For further information of	concerning this matter, please c	all:	
Lusette	Joseph	at (407) 590 -	1751
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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

AMOUR COST	Meffes 2020 8 FH 6: 43
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 2000087000$.	were filed on 3/20/20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	110
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1801 LONDON Crest Dr. APT 121
(Principal office address MUST BE A STREET ADDRESS)	OMANAO, FL 30818
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
	viner v torido sirvet diaress
	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, <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 020 HAY 18 PH 6: 43	Type of Action
AP	Cusette TosePh	1601 London crest Dr	121 ZAdd
		1601 London crest Dr Orlando, Pl 30818	□Remove
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Effect	ive date, if other than the date of filing:
	ent's effective date on the Department of State's records.
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