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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone #)
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(Doc	ument Number)	
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R. WHITE MAY 29 2020

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT: Ineffable	Cosmetics LLC		<u></u>
		Name of Limi	ted Liability Company	
The er	iclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Kasey-Ann Bennett		
			Name of Person	
		Ineffable Cosmetics	LLC	
			Firm/Company	
		10848 Glen Cove C	Circle 202	
			Address	
		Orlando, FL 32817		
			City/State and Zip Code	
		kasey4ur10@yahoo.com	n to be used for future annual report notif	ication)
For fu	rther information ec	oncerning this matter, please ca		
Kasey-Ann Bennett		at (772 Area Code) 607-1539 Daytimo		
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclo:	sed is a check for th	e following amount:		
Ø \$2	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 tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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.

2201 112 7111:26

Ineffable Cosmetics LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L20000118093</u>	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
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 or registered agent and/or the new registered office address her		10801 Heather Ridge Circle,	
		Orlando, FL 32817	
			
Name of New Registered Agent: Registere		d Agents Inc.	
	7901 4th	St N STE 300	
New Registered Office Address:		77 (1)	street address
New Registered Office Address:		r,nter Florida	
New Registered Office Address:	St. Peters		. Florida 33702

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
AR	Rajahani Williams	11941 233rd Street	
		Cambia Heights, NY 11411	☑ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			D Add
			Remove
			Change
			Remove
			Change
			□ Remove
			□ Change

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Note: If the	ate, if other than the date date is listed, the date must be s date inserted in this block d effective date on the Depart	loes not meet the applicable	late of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursuant to 605.02 tents, this date will not be listed	207 (as t
	specifies a delayed eff n day after the record		n effective time, at :	12:01 a.m. on the earlier	of:
Dated	May 5	2020			
	K	104	>		
_	Sign	andre of a member or authoriz	ett representative of a member	er	

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Filing Fee: \$25.00