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То:			
Division of Corpo			
Fax Number : (850)617-6383		
From:			
Account Name	REGISTERED AGENTS INC.		
Account Number			
	7)200-2803		
Fax Number : {	.855)330-1010		
AN II: 53	**Enter the email address for this busin annual report mailings. Enter only o Email Address: LLC AMND/RESTATE/CORRE SAGESSE BEAUTE T	one email address please.** CT OR M/MG RESIGN	
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AUG 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sagesse Beaute Trading, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 6/16/20 and assigned
Florida document number <u>L20000166332</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	2
	2020
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enteb∺the name of the n</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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>	Address	Type of Action
AMBR	RICHARDS, BALLECIA	3200 Old Winter Garden Road	
		1721	☐ Remove
		Ocoee, FL, 34761	☑ Change
AMBR	RICHARDS, KIMBALIECE	3200 Old Winter Garden Road	🗆 Add
		1721	🗆 Remove
		Ocoee, FL, 34761	☑ Change
AMBR	WILSON, CARLENE C	3200 Old Winter Garden Road	
		1721	Remove
		Ocoee, FL, 34761	
			🗆 Add
			☐ Remove
			Change
			□ Remove
			🗆 Change
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Effective date, if other than the date	e of filing:		(optional)	(AE 6307
f an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applica	to date of filing or more the	an 90 days after thing.) Pursuant to uirements, this date will not be l	isted as
ne record specifies a delayed eff The 90th day after the record	ective date, but not is filed.	an effective time	, at 12:01 a.m. on the ea	rlier of
Dated August 14	2020	<u> </u>		
M 0	ature of a member or author			
	ARTA			

Typed or printed name of signee