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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## . COVER LETTER

TO: Registration Section
Division of Corporations

K. L. B CC SUBJECT:	MESTICS, LLC			
	Name of Lim	ited Liability Company	<del></del> _	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kymisha L. Beasley			
		Name of Person		
	Firm/Company			
	2617 NW 22nd Street			
		Address		
	Fort Lauderdale, Florida			
		City/State and Zip Code	<del></del>	
	KLBCOSMETICS@Gmail			
		to be used for future annual report not	itication)	
For further information of	oncerning this matter, please c	all:		
Kymisha L. Beasley		954 907-6998		
Name of Person		at () Area Code Daytin	ne 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

K. L. B COMESTICS, LLC

-2 7:20

(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 Compa	ny were filed on 07/10/2020	and assigned
Florida document number L0000199213			
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
Keep Living Beautiful, LLC			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		ee address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ac	ldress
	N/A		. 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, 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
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			□Remove
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ffective d	late, if other than t	he date of filin	07/05/2020		or more than 90 de	_ (optional)	Pursuant to 605 0207
Note: If the	e date inserted in this effective date on the	block does not	meet the applica	able statutory:	filing requireme	nts, this date v	vill not be listed as
record spe is filed.	ecifies a delayed effec	tive date, but no	t an effective ti	me, at 12:01 a	.m. on the earlie	rof:(b) The	90th day after the
July	29		2020	_·			
-	Asymi	2.Ber	6) <u></u>	<del>.</del>			<u>-</u>
	- 0	Sugnature of a	menther or author	orized representa	tive of a member		
		1 /					

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A \_ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 \_ July 29 2020 Signature of a member or authorized representative of a member Kymisha L. Beasley Typed or printed name of signee