

L20000 212323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

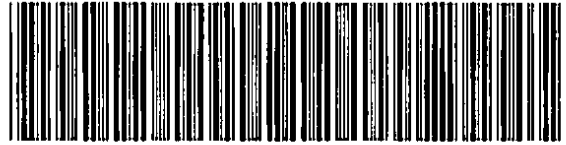
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 29 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GUMMOTH COSMETICS LLC

\_\_\_\_\_  
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:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

INCFE.COM LLC

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

855 829-9090

at ( )

\_\_\_\_\_  
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

2023 AUG 11 PM 4:53

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Task	Time (s)	Success Rate (%)	Notes
Task 1: Add new item to list	15	100	
Task 2: Remove item from list	20	100	
Task 3: Change item in list	25	100	
Task 4: Add new item to list	15	100	
Task 5: Remove item from list	20	100	
Task 6: Change item in list	25	100	
Task 7: Add new item to list	15	100	
Task 8: Remove item from list	20	100	
Task 9: Change item in list	25	100	
Task 10: Add new item to list	15	100	
Task 11: Remove item from list	20	100	
Task 12: Change item in list	25	100	

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2229 AUG 11 PM 4:53

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

Claudia Francis

Signature of a member or authorized representative of a member

CLAUDIA FRANCIS - AMBR

Typed or printed name of signee

**Filing Fee: \$25.00**