L20000 218323

Office Use Only



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COVER LETTER

TO: Registration Division of C			
ATTE TO ATT	TH COSMETICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning	all:	
LOVETTE DOBSON		855 829-9090 at ()	
Name of Person		Area Code Daytime	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUMACTU	COSMETICS LLC	Pitr
	COSMETICS LLC pany as it now appears on our records.) d Liability Company)	11.4:53
(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on	and assigned
Florida document number L20000218323		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
	2120 NW 21CT AVE ADT DR	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32605	
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:	e address on our records, <u>enter the n</u> e	ame of the new registere
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 2-29 AUS 11 Pii 4:53	Type of Action
			Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
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			□Add
			□Remove
	·		□Change
		- 	🗀 Add
			□Remove
			□Change
			□ Remove
			□Change

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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:(optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020