L20 000226540

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
<u> </u>
(Dusiness Fakita Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instituctions to 1 ming emeet.

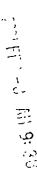
Office Use Only



000359272010

02/08/21--01012--008 **25.00

MAR 2 5 (12)



Aut

COVER LETTER

	Registration Se Division of Cor			÷
ON PAGE	Emote Cost	metics LLC	,	
SUBJEC	<u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Latoya Latange		
			Name of Person	
			Firm/Company	
		16831 SW 149 Place		
			Address	
		Miami, FL 33187		
			City/State and Zip Code	
		info@emotecosmetics.com		
For furth	er information c	rmail address: (oncerning this matter, please c	to be used for future annual report no all:	uncauon)
Kahlil O	sborne		305 431-5501	
,	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	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 5		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emote Cosmetics LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on July 29, 2020	and assigned
Florida document number L20000226540		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	777
		779) FEE
Enter new mailing address, if applicable:		ပ တ
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		. ب
		သ သ
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	City	Florida
	City	my come

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:

or remov	tu it out out records.		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□Change

13520 SW 152nd Street					
#770523			· · · · · · · · · · · · · · · · · · ·		_
Miami, Florida 33177					_
		, .			_
	· · · · · · · · · · · · · · · · · · ·				
-					
				·	_
					_
				. <u></u>	
					_
					_
					_
				•	_
					_
ective date, if other than the done effective date is listed, the date must be the listed in this block cument's effective date on the Dep	e specific and cannot be k does not meet the ap	pplicable statutory	or more than 90 days a	otional) fter filing.) Pursuant to 6 this date will not be li	05.0207 (sted as ti
ecord specifies a delayed effective is filed.	late, but not an effecti	ive time, at 12:01	a.m. on the earlier of:	(b) The 90th day af	ter the
ted February 2	. 2021				
	\subset	10			
		47 /			

Filing Fee: \$25.00