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COUNTY II SAVETT

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## **COVER LETTER**

TO: Registration Se Division of Con			
CLIDICOT	Cosmetics LLC		
SUBJECT:		ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tylevia P Bennett		
		Name of Person	
	Blackpurll Cosmetics LLC		
		Firm/Company	<del></del>
	6678 Seaway Dr		
		Address	
	Brooksville Florida 34604		
		City/State and Zip Code	<del></del>
	blackpurllcosmetics@gmail	.com to be used for future annual report no	hillogian)
For further information of	concerning this matter, please c	-	3 <b>.</b>
Tylevia p Bennett		1 813965842 at ( )	
Name o	f Person	Area Code Days	ime 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 Addres		Street Address:	
Registration Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 AUG 11 PH 4: 07 Blackpurll Cosmetics LLC (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 Company were filed on  $\frac{7/30/2020}{}$ and assigned Florida document number L20000277100 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 = M $AMBR = A$	lanager Authorized Member	200A Alica a .	
<u>Title</u>	Name	2000 AUG 11 PH 4: 07	Type of Action
CEO	TYLEVIA P BENNETT	6678 SEAWAY DR BROOKSVILLE FLORIDA 346	50 <b>≣</b> Add
			□Remove
			Change
CEO NASTASIA HENRY	6678 SEAWAY DR BROOKSVILLE FLORIDA 346	50 □Add	
		<del></del>	<b>=</b> Remove
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ote: If the date inserted	than the date of filing: ne date must be specific and cannot be prior to a lin this block does not meet the applicate on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) ble statutory filing requirements, this date v	Pursuant to 605.0207 (3)( will not be listed as the
record specifies a delayed is filed.	ed effective date, but not an effective tir	ne, at 12:01 a.m. on the earlier of: (b) The	90th day after the
eated 8/6/2020	·	<b></b> ·	
<del></del>	Signature of a member or autho	rized representative of a member	<del></del>
N			
Nastasia N He	nry	d name of signee	

Filing Fee: \$25.00