L20000 232133

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COVER LETTER

Sechler Cosmetics	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mikeyla Carter Name of Person	
Secluted Cosmetics Firm/Company	
8950 NW 67th CT Address	
TCMCMC FL 33321 City/State and Zip Code	
B-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mike IC CCuter at (754) 303 - 3882 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status (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

The Articles of Organization for this Limited Liability Company were filed on 08/03/2020 Florida document number <u>L20000 23213</u>3 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:

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

f 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>Γitle</u>	<u>Name</u>	Address . J. 77	Type of Action
<u>AMBR</u>	Mikeyla Carter	8950 NW 67th CT	DAdd
		Tamanac FL 33321	□Remove
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fective date, if other than the n effective date is listed, the date must be: If the date inserted in this blocument's effective date on the Defective date.	ock does not meet the	applicable statutory	or more than 90 days	optional) after filing.) Pursuant to 605.0 , this date will not be listed
ecord specifies a delayed effectiv is filed.	e date, but not an effe	ective time, at 12:01 a	a.m. on the earlier o	f: (b) The 90th day after
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