

L21 0000032508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

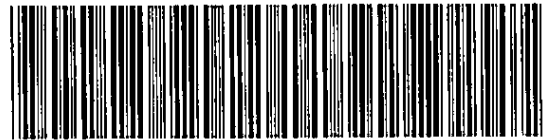
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/21--01022--008 **60.00

2021 OCT 29 10 10 AM

O.S.

OCT 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CME 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:

Ann C. Johnson ; Alise W. Blunt
Name of Person

CME Cosmetics LLC
Firm/Company

618 E South Street Suite 500
Address

Orlando, FL 32801
City/State and Zip Code

CME Cosmetics1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Johnson / Alise Blunt at (321) 278-2381 / 407-790-2820
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

20100120 AM 7:57

(A Florida Limited Liability Company)

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

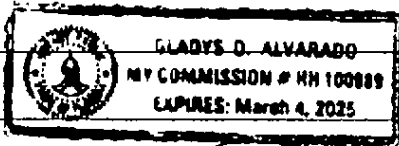
2021 06. 20 11: 7: 57

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alise Blount	414 Village Place	<input checked="" type="checkbox"/> Add
		Davenport, FL 33896	<input type="checkbox"/> Remove
		407-790-2820	<input type="checkbox"/> Change
MGR	Ann Johnson	2236 Tillman Ave	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
		321-278-2381	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Alise Blount 50% ownership

Ann Johnson 50% ownership



[Handwritten signature]

E. Effective date, if other than the date of filing: September 1, 2021 (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 October 12, 2021.

(3) *[Handwritten signature]* Alise Blount
Signature of a member or authorized representative of a member

Ann C. Johnson Alise N. Blount
Typed or printed name of signee