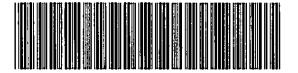
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COVER LETTER

Division of Corporations	
SUBJECT: CME Cosmetics LC 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 Name of Person	
CME Cosmetics LLC Firm/Company	
1018 E. South Street Suite 500 Address	
Orlando, FL. 32801 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ann C Johnson at 321 278-2381 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (additional copy is	tatus &

TO:

Registration Section

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

CME Cost	netics	, LLC		Y 29 PH 12: 45
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears o liability Company)	n our records.) SECRE TALI	TARY OF STAR
The Articles of Organization for this Limited Liab	ility Company	were filed on Ja-		
Florida document number L 2 \ 0000.320	<u>508</u> .		V	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company here	:	
Drangery Soa. The new name must be distinguishable and contain the word	o LL	<i>C</i>		
The new name must be distinguishable and contain the word	National Liabili	ity Company," the design	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	618 E	South	Street Suite
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	500		
		Orlando	, FL. 328	16[
Enter new mailing address, if applicable:		618 E. S	South Str	cet Suite soo
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	Orlando	FL 32	108.
B. If amending the registered agent and/or reg agent and/or the new registered office address I		ddress on our reco	ords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	Ann	C. John	neon	
New Registered Office Address:	2:236	Tillman Enter Florida	Ave N street address	
	Winter	City	, Florida	34787 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	Type of Action
			□Add
			□Remove
			☐ Change
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f an effe Note:	ve date, if other than the date of filing: November 17, 2021 (optional) setive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e record rd is tile	I 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 ed.
Dated _	November 17. 2021.
	Am Cohnson Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member