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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CHESS Complete Collections 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:
CHESSIKA Depeine Guillaume Name of Person
CHESS Complete Collections LLC
1325 Island Shores DY
Greenalres FL 33413 City/State and Zip Code
CHESSE Vent decor a cmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHESSika D. Guillaume at (728) 219 - 8233 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

FILED

CHess Complete Coll	PCTIONS LLC ny as it now appears on our records.	2025 AUG 13 AMII: 23		
(A Florida Limited L	iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1200130562 .	were filed on $03/19/6$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile CHESS Beauty & COS metics & The new name must be distinguishable and contain the words "Limited Liabile"		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)	1325 Island Greenacres	Shores Dr FL 33413		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	he name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enton Elouida atmost ad Justin			
	Enter Florida street address			
	, Flor ,	rida 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 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>	Name	Address	Type of Action
<u>Anbr</u>	Jean-Marie Guillaume	1325 Island Shore	S_MAdd
		Dr Greenalros FL	□Remove
		33413	□Change
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Note: If the	date, if other than the date of filing:) Pursuant to 605.0207 (will not be listed as th
the record spec cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Th	e 90th day after the
Dated		
	Signature of a member or authorized representative of a member	
	CHESSIKa Depoise Guillaume Typed or printed name of signee	
	<u> </u>	

Filing Fee: \$25.00