

h21000389366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

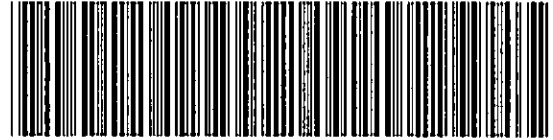
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wendy gave permission
to change title
10/12/22

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUL 21 AM 9:04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMC 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:

WENDY ALCIUS

Name of Person

Firm/Company

722 SUNBURST COVE LANE

Address

WINTER GARDEN, FLORIDA, 34787

City/State and Zip Code

wendy.alcius@amtech-integra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FANFAN ALCIUS, ANIA

407 844-0904

at (_____) _____

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

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>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>ALCIUS FANFAN, ANIA</u>	<u>722 SUNBURST COVE LN</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>ALCIUS, WENDY</u>	<u>722 SUNBURST COVE LANE</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787 UN</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2022 JUL 21 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

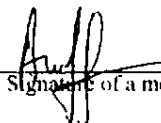
E. Effective date, if other than the date of filing: _____ (optional)

(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 JULY 19TH 2022


Signature of a member or authorized representative of a member

FANFAN ALCIUS, ANIA

Typed or printed name of signee