L21000461131

| (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: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| orporations | • | |
|--|---|---|
| y Cosmetics LLC | | |
| | nited Liability Company | |
| of Amendment and fee(s) are sub | omitted for filing. | |
| pondence concerning this matter | to the following: | |
| Sofia Vasquez | | |
| | Name of Person | |
| ZenBusiness INC | | |
| - | Firm/Company | |
| 336 E. College Ave Suite | 301 | |
| | Address | |
| Tallahassee, FL 32301 | | 1.0.7 |
| fulfillment@zenbusiness.cc | City/State and Zip Code om | |
| E-mail address: (| to be used for future annual report not | diffication) |
| concerning this matter, please c | all: | |
| | 844 493-6249 | 4: 27 |
| of Person | Area Code Daytir | ne Telephone Number |
| the following amount: | | |
| ☐ \$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) |
| | <u>Street Address:</u> Registration Sc | ection |
| Corporations | Division of Co | rporations |
| | | Tallahassee be Street, Suite 810 |
| | y Cosmetics LLC Name of Lin of Amendment and fee(s) are sub- pondence concerning this matter Sofia Vasquez ZenBusiness INC 336 E. College Ave Suite Tallahassee, FL 32301 fulfillment@zenbusiness.co E-mail address: (a concerning this matter, please concerning this matter, please concerning this matter.) of Person the following amount: \$\Propto\$ \$30.00 Filing Fee & | Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Sofia Vasquez Name of Person ZenBusiness INC Firm/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report no econcerning this matter, please call: at (|

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Unearthly Cosmetics LLC | | |
|---|--|-----------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limite | ipany as it now appears on our record Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on 10/22/2021 | and assigned |
| lorida document number 1.21000461131 | | · |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited li | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "L | .LC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | <u></u> |
| Principal office address MUST BE A STREET ADDRESS) | | : نن |
| | | |
| | | 0 |
| nter new mailing address, if applicable: | | PH |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 7 |
| . If amending the registered agent and/or registered offic gent and/or the new registered office address here: | e address on our records, <u>ent</u> | er the name of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ada | iress |
| | | Florida Zip Code |
| | City | 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> | Name | <u>Address</u> | Type of Action |
|--------------|--------------------|--|-----------------|
| AMBR | Christopher Hayden | P.O. Box 700291 | ≣Add |
| | | St. Cloud, FL 34700 | □Remove |
| | | | □Change |
| | | _ | □Add |
| | | | □Remove |
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| <u>lote:</u> If the | ate, if other than the date of filing: | nal) ling.) Pursuant to 605,020 late will not be listed as |
| record species filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) | The 90th day after the |
| 06/0° ated | . 2023 | 153 |
| aicu | •• | |
| /: | s/ Amanda Hayden | 57), Fred (6) |
| | Signature of a member or authorized representative of a member | ======================================= |
| j | Amanda Hayden, Member | : |
| _ | Typed or printed name of signee | 7. |

Filing Fee: \$25.00