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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO:

TO: Registration S Division of Co	ection rporations		*	
CACTUS SUBJECT:	COSMETICS, LLC	,	• •	
30 0 , ECT.	Name of Lir	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Daniel Kohan			
		Name of Person		_
	CACTUS COSMETICS,	u.c		
		Firm/Company		-
	22143 Hollyhock trail			
		Address		- '
	Boca Raton, FL, 33433			
		City/State and Zip Code		-
	zpetrover@gmail.com			•
	E-mail address:	(to be used for future annual report not	ification)	:
For further information of	concerning this matter, please of	call:		
Daniel Kohan		516 8643529 at ()		
Name (of Person		ne Telephone Number	•
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre		Street Address:	-4.	
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	•	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CACTUS COSMETICS, LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on July. 6 Florida document number L22000302243	. 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Consumer Biotech Ventures, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	:1.2 []
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1
B. If amending the registered agent and/or registered office address on our recordagent and/or the new registered office address here:	rds, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	street address
	, Florida
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 cape provisions of all statutes relative to the proper and complete performance of my	

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
			□Add
			□Remove
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Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this locument's effective date on the	ust be specific and can block does not meet	the applicable	late of filing or restatutory fili	nore than 90 day	(optional) s after filing.) P s, this date wi	ursuant to 60 If not be lis)5.020 sted a
record specifies a delayed effect is filed.	ive date, but not an	effective time	, at 12:01 a.m.	on the earlier	of: (b) The S	90th day aft	ter the
April 25		025					
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