

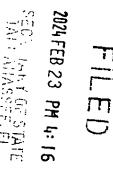
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02/23/34--01014--004 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Reputiflo Cosmutics LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing
Please r	return all correspondence concerning this matter to the following:
	Florence Allman
	Beautalo Cosnetres LLC
	23 West 8th St. Suite 101
	Sackson UTH, FL 37206 Chy/State and Zip Code
	Une boute Apple AND CO @ gmail.com E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call
	Name of Person at (904) 318 1980 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
7/4 \$2:	5.00 Filing Fee

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

		metics LLO			
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appears on or nability Company)	ur records.)	·	
The Articles of Organization for this Limited Liab	ility Company <u>ⓒ 골</u> 646	were filed on1	11/2024	and ass	igned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the The Bou		pple & COY			
Enter new principal offices address, if applicable	le:	23 Nes	t &rust	reet,	<u>Suite</u> 10
(Principal office address MUST BE A STREET A	ADDRESS)	<u>Jack</u>	sonulle F	IL 32	206
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u> B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office a	ddress on our records	s, enter the name	2024 FEB 23 mew	TI TEGIStered
Name of New Registered Agent:		.) 1		16	
New Registered Office Address:		est str Stre Ener Florida sire			
-	Jac	eksonuille	, Florida	3220(Zw Code	<u>o</u>

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>	<u>Name</u>	Address	Type of Action
			CAdd
			Remove
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Note: If the d	e, if other than the date te is listed, the date must be sp ate inserted in this block de fective date on the Departn	ses not meet the applica	o date of filing or more than able statutory filing requi	(optional) n 90 days after fiting) Purst frements, this date will n	ant to 605 0207 (3 of be listed as th
ie record specif ird is filed	ies a delayed effective date	, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated	2119		<u></u>		
	Signa	JOSEPH OF THE STREET OF AUTHOR	nzed representative of a mi	ember	
	•		nce Allr		

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Filing Fee: \$25.00