L24006209609

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05/21/24

COVER LETTER

TO:

	egistration Se- ivision of Cor					
eun irea	KIC Cosme	tics LLC				
SUBJECT	:	Name of Lim	ited Liability Company	_		
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ım all correspo	ndence concerning this matter	to the following:			
		Christina Waring				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
			Firm/Company			
		66 Leaver Drive				
			Address			
		Palm Coast, FL 32137				
		Christinawaring@hotmail.c	City/State and Zip Code			
			to be used for future annual report notification)			
For further	r information co	oncerning this matter, please ca	all:			
Christina '	Waring		908 8124448 at ()	· •		
	Name o	f Person	Area Code Daytime Telephone Nu	imber ,		
Enclosed i	s a check for th	ne following amount:				
\$25.00	9 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)		
_	1ailing Addres		Street Address:			
	Registration S Division of C		Registration Section Division of Corporations			
	O. Box 632		The Centre of Tallahassee			
Ţ	allahassee, I	FL 32314	2415 N. Monroe Street, Su	ite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIC Cosmetics LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 5/6/24	and assigned
Florida document number L24000209609	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
KCI Cosmetics LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered	d office address on our records, enter	
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	FI	lorida
	Cuty	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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
		<u> </u>	□Remove
			□Remove
			□Add
		□ Remove	
			☐ Change
			□Add
			□Remove
			□Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0 atutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
Dated May 10	
Signature of a member or authorized re	epresentative of a member
	•

Filing Fee: \$25.00