Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200
Fax: (503) 378-4381

Complete only the sections that you are updating.
To review current information, please go to: sos.oregon.gov/bizsearch

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FILED
APRIL 2 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER: 1715593-97

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:** DEVINAH COSMETICS
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:** E-COMMERCE MAKEUP SHOP
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   2508 JACKSON ST SE ALBANY OR 97322
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☒ or **NEW** ☐
   DE ANDRA DE ARMAS
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   2508 JACKSON ST SE ALBANY OR 97322
7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

	Street Address	City	State	Zip
a. NEW REGISTRANTS/OWNERS:				
b. WITHDRAWING REGISTRANTS/OWNERS:				

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name	Street Address	City	State	Zip
DEVINAH COSMETICS DEANDRA DEARMAS	2508 JACKSON ST SE	ALBANY	OR	97322

9. COUNTIES:

☐ ALL COUNTIES (Statewide)

☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
☐ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
☐ Clatsop	☐ Douglas	☐ Jefferson	☑ Linn	☐ Sherman	☐ Washington
☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: [signature]

Printed Name: DE ANDRA DE ARMAS

CONTACT NAME: (To resolve questions with this filing)
DE ANDRA DE ARMAS

PHONE NUMBER: (Include area code)
(503) 877-9877

FEES

If Changing Business Name $50
No Fee For Other Changes

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.