

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1172576.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/13/2023 9:58 AM Fee Receipt: \$40.00

Date

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity)	FCA	
	RS Chapter KRS 14A.9 - 040 the undersigned he named below and, for that purpose, submits the fol		
1. The business entity is:	profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other	nonprofit corporation. business trust limited partnership statutory trust non-profit LLC	
2. The name of the company is:	Revion Consumer Products Corporation (The name must be identical to the name on record	with the Secretary of State.)	
3. It is an entity organized and e	existing under the laws of the state or country of	Delaware	
, ,	to transact business in Kentucky on10/13/2021		
5. The entity has changed its (ch	heck all that apply)		
Domicile name	to REVLON CONSUMER PRODUCTS LLC		
Name to be use	Name to be used in Kentucky to REVLON CONSUMER PRODUCTS LLC		
☐ Jurisdiction of o	Jurisdiction of organization to		
Period of durati	on		
☑ Form of organiz	zationLLC		
Management ty	/pe: X Member managed Ma	nager managed	
6. This application will be effecti	ive upon filing.		
I declare under penalty of perjur	ry under the laws of the state of Kentucky that the f	oregoing is true and correct.	
Erin Savilla	Erin Saville	Special Manager 6/12/2023	

Title

Printed Name

Signature of Authorized Representative