

Division of Corporations

Page 1 of 2

W0700003018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (250)617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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TREASURY OF FLORIDA
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

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GENCOM LLC

Certificate of Status	0
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Page Count	03
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AUG 25 2014
D. BRUCE

H14000198220 3:

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GENCOM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 9, 2007 and assigned Florida document number L07000003018

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOREAL USA LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: AGENTS AND CORPORATIONS, INC.

New Registered Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330

Enter Florida street address

NAPLES, Florida 34102

City

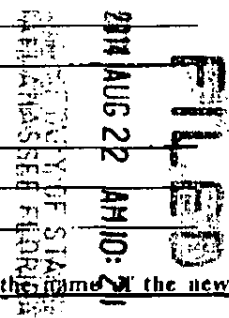
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this 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.

John L. Williams
If Changing Registered Agent, Signature of New Registered Agent

John L. Williams, President



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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 Add
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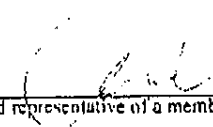
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 13, 2014



Signature of a member or authorized representative of a member

MARKO KOHEK mrgm

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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