

216000185432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

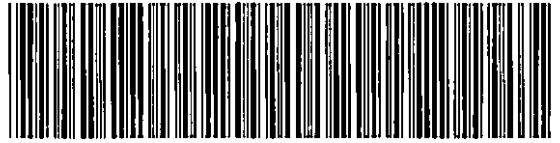
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

SIMMONS
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARABENS GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX D. SIRULNIK

Name of Person

ALEX D. SIRULNIK, P.A.

Firm/Company

2199 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADS@SIRULNIKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX D. SIRULNIK

305 443-7211

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARABENS GROUP 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 10/05/2016 and assigned Florida document number L16000185432.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

10349 NW 77TH STREET

DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10349 NW 77TH STREET

DORAL, FL 33178

8
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SEP 14 PM 3:29
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

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>	<u>Address</u>	<u>Type of Action</u>
AMB	JUAN PABLO COPUSHIAN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	LUCIANO MIGUEL GESUITI		<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	JUAN PABLO COPUSHIAN	10349 NW 77TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	LUCIANO MIGUEL GESUITI	10349 NW 77TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 8
 Add
 Remove
 Change
 3:23 PM

D. Proposed withdrawal of registration fees:

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18 SEP -4 PM 3:23

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MILLERSVILLE, PENNSYLVANIA
SEP 4 2018

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

Effective date must be a date on which the registrant is not in arrears for more than 90 days after filing. Pursuant to 60 Pa.C.S. § 1504, Note, if the effective date of withdrawal does not meet the applicable statutory filing requirements, this date will not be listed as the effective date of withdrawal in the Department of State's records.

If the registrant specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) the date on which the record is filed;

Date: August 31st 2018

Secretary or authorized representative of a member

REGISTRANT'S AUTHORIZED MEMBER
By: _____
Secretary or authorized representative of a member