7/5/2016

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Number : I20140000049

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: (786)837-6787

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CLARIDGE COSMETICS, LLC

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Help

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COVER LETTER

Division of Corp			
SUBJECT: Claridge C	Cosmetics, LLC		
	Name of Limit	ed Liability Company	
	mendment and fee(s) are subm		
	ERIC P. GROS-DUBOIS, E	ESQ.	
		Name of Person	
	EPGD ATTORNEYS AT LA	AW, P.A	
		Firm/Company	
	2701 PONCE DE LEON B	LVD STE. 202	
		Address	
	CORAL GABLES, FL 33 12	34	
	ERIC@EPGDLAW.COM	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	II:	
ERIC P. GROS-DUBOIS		786 837-6787 al ()	
Name of	Person	Area Code Duytime 1	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARIDGE COSMETICS, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number Li6000100205	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited llabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2.23 2.23 2.73 2.74 2.74 2.74 2.74
(Principal office address MUST BE A STREET ADDRESS)	the state of the s
	AS M
Enter new mailing address, if applicable:	FES D
(Mailing address MAY BE A POST OFFICE BOX)	RAT U
<u> </u>	Dini 6
B. If amending the registered agent and/or registered off 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:	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	City Zip Code e to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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
MGR	Siham Eljaafari	1160 KANE CONCOURSE	
		SUITE. 202 BAY HARBOR	□ Remove
		ISLANDS, F1.33154	Change
**************************************			□ Add
			□ Remove
			☐ Change
			D Add
			Remove
			Change
			D Add
			Remove
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Attorney of Record Signature of a member authorized representative of a member ERIC P. GROS-DUBOIS, ESQ. Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00