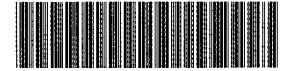
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Copomon Enterprises, 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:

Lloyd Howard

Name of Person

Copomon Enterprises, LLC

Firm/Company

6400 Congress Ave. Suite 2000

Address

Boca Raton, Fl. 33487

City/State and Zip Code

lhoward@keratincomplex.com

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

For further information concerning this matter, please call:

Lloyd Howard

, 561 **206-605**0

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

FILED
2013 DEC -6 PM 3: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Copomon Enterprises, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	6-29- 2007 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> :
The new name must be distinguishable and end with th	ne words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
		· .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Address Type of Action** <u>Name</u> 6400 Congress Ave Ste 2000 **MGR** Lawrence A. Solomon Boca Raton, FI 33487 6400 CONGRESS AVE STE 2000 MARIO ARGENTI BOCA RATION FL. 33487 Remove Remove Remove

	•	·
•		
Oct. 30	2013	
Cloyd +	Signature of a member or authorized representative	

or printed name of sig

Page 3 of 3
Filing Fee: \$25.00

