

L
LO7000068733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

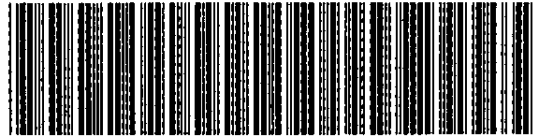
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000254402310

12/06/13--01030--023 **25.00

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

N. Cullen DEC 10 2013

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

Name of Person

at (561) 206-6050

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

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

Page 1 of 3

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:

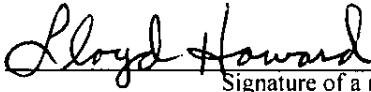
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lawrence A. Solomon	6400 Congress Ave Ste 2000	<input type="checkbox"/> Add
		Boca Raton, Fl 33487	<input checked="" type="checkbox"/> Remove
		6400 CONGRESS AVE STE 2000	
MGR	MARIO ARGENTI	BOCA RATON, FL. 33487	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Oct. 30, 2013



Signature of a member or authorized representative of a member

Lloyd Howard

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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