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2011 JUN - 8 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN - 9 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RG COSMETICS, 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:

David J. Acher, Esq.

Name of Person

David J. Acher, P.A.

Firm/Company

401 E. Las Olas Boulevard, Suite 1400

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

dacher@acherlaw.com

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

For further information concerning this matter, please call:

David J. Acher, Esq.

Name of Person

at (954)

564-3220

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

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2011 JUN -8 AM 10:24
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TALLAHASSEE, FLORIDA

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

RG COSMETICS, 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 5/18/2009 and assigned
Florida document number L09000048488.

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 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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ROBERTA GOMES

New Registered Office Address:

6601 LYONS ROAD, SUITE C7

Enter Florida street address

COCONUT CREEK

Florida 33073

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.

Robert Gomes
(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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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	Name	Address	Type of Action
MGR	ROBERTO GOMES	6601 LYONS ROAD, SUITE C7 COCONUT CREEK, FL 33073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ISABEL GOMES	6601 LYONS ROAD, SUITE C7 COCONUT CREEK, FL 33073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CRISTIANE GOMES	6601 LYONS ROAD, SUITE C7 COCONUT CREEK, FL 33073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PATRICIA G. AGOSTINI	6601 LYONS ROAD, SUITE C7 COCONUT CREEK, FL 33073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROBERTA GOMES	6601 LYONS ROAD, SUITE C7 COCONUT CREEK, FL 33073	<input checked="" 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 May 13, 2011

Signature of a member or authorized representative of a member

Roberto A Gomes

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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