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SEORETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RG COEMCHICS 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:			
Mariana Debessan Name of Person			
RG Cometics LC. Firm/Company			
1919 NW 40th Ct. Address			
Pompano Peach, FL 3200A City/State and Zip Code			
Marianad @ ra-cometics.com E-mail address: (no be used for future annual report notification)			
For further information concerning this matter, please call:			
Mariana Debosson at (954) 580-2210 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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



August 21, 2012

MARIANA DEBOSSAN 1919 NW 40TH COURT DEERFIELD BEACH, FL 33064

SUBJECT: R G COSMETICS LLC Ref. Number: L09000048488

We have received your document for R G COSMETICS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 012A00021440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_KG Cometics LLC.	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	/ as it now appears on our records.)
(Tristan Billion Billion	company)
The Articles of Organization for this Limited Liability Company v	vere filed on and assigned
Florida document number LOG XXX 4848 8.	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
N/A	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
Distance amore as the second s	
•	
B. If amending the registered agent and/or registered offic	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
	** E
Name of New Registered Agent:	
	m-V
New Registered Office Address:	Enter Florida street address
•	
	, Florida 57 C
	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 <u>Title</u> <u>Name</u> Address Type of Action MGR Marcio M. Santos ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Debubban

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee