

L10000088476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

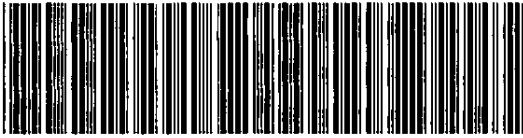
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
A. LUNT
OCT 19 2010
EXAMINER

Office Use Only



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TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELIER 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:

RIMMA ZELKIN
Name of Person
ELIER COSMETICS LLC
Firm/Company
451 SW SQUIRE JOHNS LN
Address
PALM CITY FL 34990
City/State and Zip Code
RIMMAKOSTA@AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RIMMA ZELKIN at (**772**) **597-1515**
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**

ELIER 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 8/23/10 and assigned Florida document number L10000088476.

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)

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

Name of New Registered Agent: RIMMA ZELKIN

New Registered Office Address: 451 SW SQUIRE JOHNS LANE

Enter Florida street address

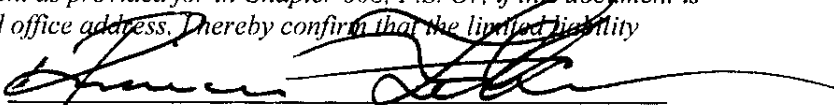
PALM CITY, Florida 34990

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

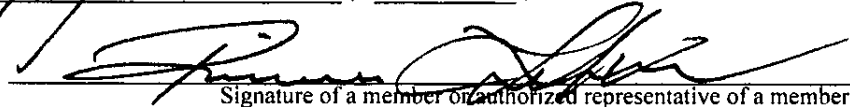
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRS	VLAD ZELKIN	451 SW SQUIRE JOHNS LN PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RIMMA ZELKIN	451 SW SQUIRE JOHNS LN PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VALENTINS JEREMEJEVS	451 SW SQUIRE JOHNS LN PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VALENTINS JEREMEJEVS	451 SW SQUIRE JOHNS LN PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 11/11/2010



Signature of a member or authorized representative of a member

RIMMA ZELKIN

Typed or printed name of signee