

L 10000094010

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(Address)

(Address)

(City/State/Zip/Phone #)

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12 MAY 29 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 31 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antonym Cosmetics L.L.C
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:

Juliana Moss
Name of Person

Antonym Cosmetics
Firm/Company

2040 N.E 208 St
Address

Miami FL 33179
City/State and Zip Code

Julianam@mc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juliana Moss at (305) 613-7289
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**

Antonym Cosmetics LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/08/2010 and assigned Florida document number L10000094010.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1646 MADISON STREET
Hollywood, FL, 33020.

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:

VALERIE GIRAUD

New Registered Office Address:

1646 MADISON STREET

Enter Florida street address

Hollywood
City

Florida

33020
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>
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MGRM	Juliana Moss	2040 N.E 708 St Miami, FL 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	Valerie Giraud	1646 Madison St Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	Ivo Raza	1646 Madison St Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input 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 05.25, 2012.


Signature of a member or authorized representative of a member

Valerie GIRAUD
Typed or printed name of signee