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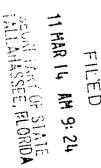
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EXAMINER MAR 16 2011

COVER LETTER

то: Ґ	Registration Section Division of Corporations
SUBJE	Sheiko Cosmetics LLC
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Stephanie Stachow Name of Person
	Shei Ko Cosmetics and Makeup Supply LLC Firm/Company
	4521 PGA Blvd. #321 Address
	Palm Beach Gardens FL City/State and Zip Code
	E-mail address: (to be used for future amount report notification)
For furt	her information concerning this matter, please call:
	Stephanie Stachow at (850) 324-4512 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$ 25.	00 Filing Fee \$\ S30.00 Filing Fee &

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

FILED

11 MAR 14 AM 9: 24 Sheiko Cosmetics LLC
(Name of the Limited Liability Company as it now appears on our records) TARY OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on _______ 12/15/2010 and assigned Florida document number ______ 110000128045 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Shei Ko Cosmetics and Professional Makeup Supply LLC
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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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Page 2 of 2

Filing Fee: \$25.00