

L13000011762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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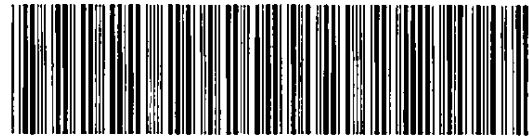
(Business Entity Name)

(Document Number)

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ARCHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSMECARE USA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benoit Lesperat

Name of Person

usXpertise

Firm/Company

3307 Sabine Spring Ln

Address

Katy, TX 77449

City/State and Zip Code

blesperat@usxpertise.com

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

For further information concerning this matter, please call:

Benoit Lesperat

Name of Person

646 783-1140
at (_____) _____
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**

COSMECARE USA, 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 01/23/2013 and assigned
Florida document number 113000011762.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COIFFANCE USA, LLC

The new name must be distinguishable and contain 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)

34 LINNELL CIRCLE

BILLERICA, MA 01821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

34 LINNELL CIRCLE

BILLERICA, MA 01821

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

Florida

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 605, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

17 JUL 11 AM 7:35
SUNNY DAY
FALL RAIN

17 JUL 11 AM 7:35
STATION: 10000000
10000000

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May, 1st 2017

Signature of a member or authorized representative of a member

Eric FAMECHON

Typed or printed name of signee