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| (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: |
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COVER LETTER

| TO: Registration Section Division of Corpo | ion Prations | | |
|--|---|---|--|
| SUBJECT: TO | ne cosmetics | LLC | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of An | mendment and fee(s) are subt | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | Jac | QUELINE LOOS Name of Person | · |
| | NOT | e cosmetics LLC Firm/Company | <u>, </u> |
| | 7000 5 | SW 125th St Address | |
| | Miami | FL 33150 City/State and Zip Code | |
| | E-mail address: (t | S@ Miami. Cau o be used for future annual report notifi | cation) |
| For further information con- | cerning this matter, please ca | 11: | |
| JUGUELINE Name of Po | erson | at (305) 607-1 Area Code Daytime | 188 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

TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability Companion (A Florida Limited L | |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and end with the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7620 SW 125th St |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33156 |
| | Phone: (305) 607-1188 |
| Enter new mailing address, if applicable: | 71020 SW 125th St |
| (Mailing address MAY BE A POST OFFICE BOX) | MIGMI, FL 33156 |
| B. If amending the registered agent and/or registered of 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 Cöde |
| New Registered Agent's Signature, if changing Registered Agent: | ov. |

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

Authorized Member being added or removed from our records:

| MGR = M $AMBR = A$ | uthorized Member | | |
|--------------------|------------------|---------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Elisa Lawson | 13514 SW 124th Ave Rd | 🗆 Add |
| | | Miami, FL 33186 | Remove |
| | | | _ |
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| | | | □ Remove |
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| ffective (se effective se date this | date, if other than the date of filing:(optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e document is filed by the Florida Department of State) |
| ne date this | document is filed by the Florida Department of State) |
| e date this | date, if other than the date of filing: |
| e date this | JULY 9th , 2014 . |
| ne date this | document is filed by the Florida Department of State) |
| Affective (the effective the date this Dated | JULY 9th, 2014 . |

Page 3 of 3

Filing Fee: \$25.00