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K. SALY EXAMINER

JUN 2 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

GOLD COSMETIC II LLC

SUBJECT:

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:

VITALY BAHAR

Name of Person

GOLD COSMETIC II LLC

Firm/Company

213 S FORT LAUDERDALE BEACH BLVD

Address

FORT LAUDERDALE, FL 33316-1507

City/State and Zip Code

magnarod8@gmail.com

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

For further information concerning this matter, please call:

VITALY BAHAR

954 6829585

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)

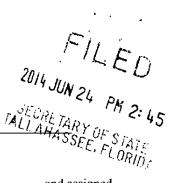
MAILING ADDRESS:

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



GOLD COSMETIC II 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 08/28/2013 and assigned
Florida document number L13000122160	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility 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)	213 S FORT LAUDERDALE BEACH BLVD
	FORT LAUDERDALE FL 33316
Enter new mailing address, if applicable:	7300 WAYNE AVENUE 416
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI , FL 33141
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agent:	

vew Registered Agent's Signature, it 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	TAIBI LIOR	408 NE 6TH APT 225	∃ Add
		FORT LAUDERDALE FL 33304	Remove
MGR	VITALY BAHAR	408 NE 6TH APT 225	 ■ Add
		FORT LAUDERDALE FL 33304	□ Remove
			Add Remove
			□ Add
			□ Remove
			□ Remove
			D Add
			□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

. It amending any other information, enti	er change(s) here: (Attach adaittonat sheets, if hecessary.)
THIS AMENDED FILING IS F	OR THE BUSINESS ADDRESS UPDATED
AND ALSO FOR BOTH N	MEMBERS ADDRESS UPDATED
-	
Effective date, if other than the date of f (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	to date of receipt or filed date and cannot be more than 90 days after
Dated 04/11/2014	· · · · · · · · · · · · · · · · · · ·
Vitaly	Bahar
VITALY BAHAR	of a member or authorized representative of a member
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00