

#L13000122160

(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:

Office Use Only



100261320341

06/24/14--01010--006 \*\*25.00

FILED

2014 JUN 24 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 25 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GOLD COSMETIC II LLC**

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**

Name of Person

**954 6829585**

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

FILED  
2014 JUN 24 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TAIBI LIOR	408 NE 6TH APT 225	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33304	<input type="checkbox"/> Remove
MGR	VITALY BAHAR	408 NE 6TH APT 225	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

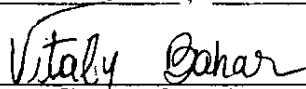
THIS AMENDED FILING IS FOR THE BUSINESS ADDRESS UPDATED

AND ALSO FOR BOTH MEMBERS ADDRESS UPDATED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/11/2014



Signature of a member or authorized representative of a member

VITALY BAHAR

Typed or printed name of signee