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# CARNEY LAW FIRM, P.A.

ATTORNEYS AT LAW 210 WEST SEVENTH STREET, SUITE 1 MOUNTAIN HOME, ARKANSAS 72653

MARK D. CARNEY JODI G. CARNEY

20'6

TELEPHONE (870) 425-6354 FAX NO. (870) 425-5451

April 22, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: AMMD Cosmetics, LLC d/b/a AMMD Labs, LLC, et al.

Dear Sir/Madam:

Enclosed please find the following documents to be filed:

- 1. Application for Cancellation AMMD Labs
- Cover Letter and Articles of Amendment AMMD Cosmetics, LLC
- 3. Application for Cancellation and Registration Hygenic Laboratories and Cosmetics
- 4. Application for Cancellation and Registration Naturalessa Collection
- 5. Application for Cancellation and Registration Spatech Corp.

Please find enclosed one (1) check which represents the filing fees related to each above named transaction.

Thank you for your assistance in this matter. If you have any further questions or concerns, please feel free to contact my office.

Sincerely,

CARNEY LAW FIRM, P.A.

Mark.D. Carney-

MDC/kh Enclosures

# **COVER LETTER**

Division of Co				
CUDIECT.	AMMD C	OSMETICS, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		MARK D. CARNEY		
		Name of Person	<del></del>	
	C	CARNEY LAW FIRM, P.A.		
		Firm/Company		
	2	10 W. 7th STREET, SUITE 1	28	
	APK	')		
	X 21			
		 E		
	E-mail address: (	to be used for future annual report notif	fication)	၇ ၃
For further information of	concerning this matter, please co	all:		,
Mark D. Carney		870 425-635	4	
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he 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 of 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

AMMI	D COSMETICS, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears la Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability ( L14000044499  Florida document number	Company were filed on	03/17/2014	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company her	<u>'e</u> :	
AMMD LABS, LLC			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the a	abbreyjation_ZL.L.C."
Enter new principal offices address, if applicable:			E 00 P
Principal office address MUST BE A STREET ADD			3 7
			1. 7.1
	<del></del>		ラン: 量 J
Enter new mailing address, if applicable:			うしる
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		: .· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or regis		our records, enter	the name of the
egistered agent and/or the new registered office add	<u>lress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	J. BULLIANSIA		
	Enter Flori	da street address	
	. <u>.</u>	, 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

If amending Authorized Person(s) authorized to manage,  $\underline{\text{enter the title, name, and address of each person}}$  being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		-	□ Add
			Remove
			☐ Change
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and block does not m	cannot be prior to leet the applica	o date of filing o	or more than 90 days	optional) s after filing.) Pursua s, this date will no	ant to 60: of be list	5.0207 ted as
e record specifies a delaye The 90th day after the re	ed effective d cord is filed.	ate, but not	an effectiv	e time, at 12:	01 a.m. on the	e earli	er of
April 22 Dated	,	2016					
	Manager of a	22 J	rized representa	live of a member			

Page 3 of 3

Filing Fee: \$25.00