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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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PILLED 2015 NOV 24 P I2: 19 SECRETARY OF STATE

NOV 25 2015

S MASON

COVER LETTER ***

тó:	Registration Se Division of Cor			
CIID	R & E USA	A, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		VANINA JOULIN-BATE	JAT	
			Name of Person	
		USAFRANCE, LLC		
			Firm/Company	
		2551 HWY 70 SW		
			Address	
		HICKORY, NC 28602		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		info@reussirusa.com		
			to be used for future annual report notif	ication)
For fi	urther information c	oncerning this matter, please ca	all:	
VAN	NINA JOULIN-BAT	EJAT	828 327-2290 at (
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for the	ne following amount:		
= \$	325.00 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:

тó:

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

R & E USA LLC

R & E USA, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our rec</mark> Liability Company)	<u>:ords.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05/19/2014	and assigned
Florida document number L14000080787		55
•		
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 contain the words "Limited Liabil	lity Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	COSMECARE USA, LLC	
(Principal office address MUST BE A STREET ADDRESS)	110 WOODFERN RD	
	BRANCHBURG, NEW JE	RSEY 08853
Enter new mailing address, if applicable:	COSMECARE USA, LLC	
(Mailing address MAY BE A POST OFFICE BOX)	110 WOODFERN RD	
	BRANCHBURG, NEW JE	RSEY 08853
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	and I am familiar with and 05, F.S. Or, if this document is a that the limited liability
II Chai	nging registeren Agent, <u>signan</u>	The of New Registered Agent
Page	1 of 3	15: 12:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			Change
		-	Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
			Add
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			Change
			24 Remove
			F STATE 20 Change

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ctive	ve date if other than the date of filing:	nal)
effect	ve date, if other than the date of filing: (option ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.	iling.) Pursuant to 60
	If the date inserted in this block does not meet the applicable statutory filing requirements, this cent's effective date on the Department of State's records.	uate will not be its
ecoi	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the earl
, C	John day area the record is filed.	
xd _!!	11/16/2015	
	Signature of a member or authorized representative of a member	22
	Signature of a momori of authorized representative of a member	T-11-E
	set FT	
	ERIC FAMECHON Typed or printed name of signce	72 1

Filing Fee: \$25.00