115000193502

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
- (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TO:	Registration Sec Division of Corp			*		
SUBJE	BLISS COS	METICS, LLC				
Name of Limited Liability Company						
The en	closed Articles of A	Amendment and fee(s) are subi	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		BRANDEN STRICKLANI	D, ESQ.			
•		····	Name of Person			
-		STRICKLAND LAW FIRE	M, PL			
			Firm/Company			
		255 ALHAMBRA CIRCLI	E, SUITE 720			
			Address			
		CORAL GABLES, FL 331	34			
			City/State and Zip Code	- 100		
		brandenstrickland@rocketm				
		E-mail address: (t	to be used for future annual report notifi	cation)		
For fur	ther information co	oncerning this matter, please ca	all:			
BRANDEN STRICKLAND		305 266-3011 at () Area Code Daytime				
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
■ \$2:	5.00 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**

BLISS COSMETICS, LLC			
(Name of the Limited	I Liability Company A Florida Limited Lia	as it now appears on our records bility Company)	<u>.</u>)
he Articles of Organization for this Limited Lia orida document number L15000193502		ere filed on 11/16/2015	and assigned
nis amendment is submitted to amend the follow			
If amending name, enter the new name of t	he limited liabili	ty company here:	
e new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applical	ble;	1.6	
Principal office address MUST BE A STREET	ADDRESS)	, ,,, , , , , , , , , , , , , , , , ,	
	-	*****	
nter new mailing address, if applicable:	-		
<u> Iailing address MAY BE A POST OFFICE B</u>	<u>ox)</u>		
	_		
If amending the registered agent and/or gistered agent and/or the new registered offi	r registered offic	ce address on our records,	enter the name of the
gistered agent and/or the new registered offi	ce address here:		
Name of New Registered Agent:		**************************************	A. 20 - L. S. L. S
New Registered Office Address:			
		Enter Florida street address	
		, Flo	rida
		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

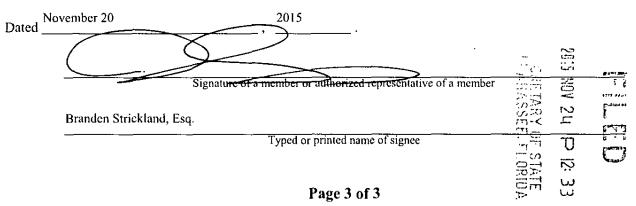
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Mcmber

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	SNIR JULIAN	1000 5th Street	
		Suite 1303	≅ Remove
		Miami Beach, FL 33139	5 6
MGMR	SNIR TZEIRI	1000 5th Sreet	Add
		Suite 1303	☐ Remove
		Miami Beach, FL 33139	Change
MGMR	GAL ERLICHMAN	1000 5th Street	B Add
		Suite 1303	□ Remove
		Miami Beach, Fl 33139	□ Change
MGR	LIMOR TZEIRI	1000 5th Street	
		Suite 1303	□ Remove
		Miami Beach, FL 33139	Change
			□ Add
			Remove
			Change Change Add Remove
			CTATE 33 Change

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<u> </u>		
1		
ive date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant	
fective date is listed, the date must be specific and cannot be. If the date inserted in this block does not meet the	be prior to date of filing or more than 90 days after filing.) Pursuant applicable statutory filing requirements, this date will not b	io 60 e Tiei

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



Filing Fee: \$25.00