

L15000205811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

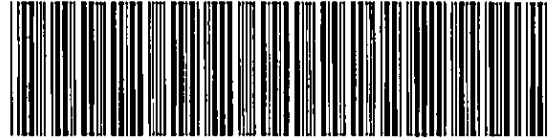
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE OF THE CLERK  
STATE OF ILLINOIS  
SPRINGFIELD, ILLINOIS

D SCOTT  
JUL 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2017

STEPHEN K LONG  
5079 N DIXIE HWY SUITE #252  
OAKLAND PARK, FL 33334

SUBJECT: HL COSMETICS , LLC  
Ref. Number: L15000205811

We have received your document for HL COSMETICS , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 617A00014723

RECEIVED  
JUL 31 PM 3:46  
SECRETARY  
TALLAHASSEE, FLORIDA

FILED  
JUL 31 PM 8:11  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HL Cosmetics,LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Stephen K Long

Name of Person

HL Cosmetics, LLC

Firm/Company

5079 N Dixie HWY Suite#252

Address

Oakland Park,Florida,33334

City/State and Zip Code

stephenlong181@yahoo.com

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

For further information concerning this matter, please call:

Stephen Long

954

604-1629

at ( )

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

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JUL 31 PM 8:11

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HL Cosmetics, 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 12/09/2015 and assigned Florida document number 15000205811

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Precision Custom Cosmetics, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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.*

FEB 11 8 11 AM '15  
STATE OF FLORIDA

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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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JUL 3 11  
MGR

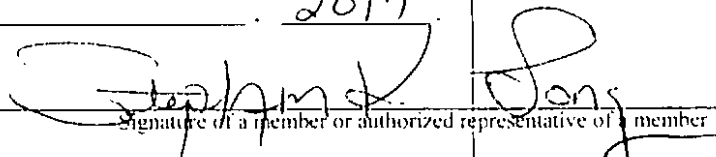
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 7/13, 2017

  
Signature of a member or authorized representative of a member

Stephen K. Long  
Typed or printed name of signee

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17 JUL 31 AM 8:11  
TAMM