

L15000206820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

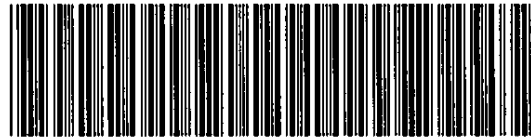
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
17 AUG 20 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2017

J SHIVERS

2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2017

IVAN IZZO
1000 QUAYSIDE TERR UNIT 809
MIAMI, FL 33138

SUBJECT: USA COSMETICS LLC
Ref. Number: L15000206820

We have received your document for USA 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 217A00015707

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USA COSMETICS 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:

IVAN BLUMENFELD IZZO

Name of Person

USA COSMETICS LLC

Firm/Company

1000 QUAYSIDE TERRACE - UNIT 809

Address

MIAMI, FLORIDA 33138

City/State and Zip Code

ivanblumenfeld@yahoo.com

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

For further information concerning this matter, please call:

IVAN BLUMENFELD IZZO

786

309-0960

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

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

USA 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 12/11/2015 and assigned
Florida document number L150000206820.

This amendment is submitted to amend the following:

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

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)

1000 QUAYSIDE TERRACE - UNIT 809
MIAMI, FLORIDA 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 QUAYSIDE TERRACE - UNIT 809
MIAMI, FLORIDA 33138

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:

IVAN BLUMENFELD IZZO

New Registered Office Address:

1000 QUAYSIDE TERRACE - UNIT 809

Enter Florida street address

MIAMI

Florida

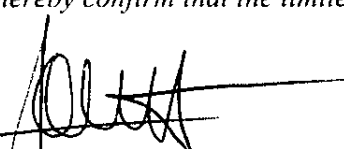
33138

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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IVAN BLUMENFELD IZZO	1000 QUAYSIDE TERRACE	<input type="checkbox"/> Add
		UNIT 809	<input type="checkbox"/> Remove
		Miami, FL 33138	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 AUG 28 AM 7:58
SECRETARY OF JAIL
TALLAHASSEE, FLORIDA

SECRETARY OF PLANT
TALLAHASSEE, FLORIDA.

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.

Dated

7/24/17

Signature of a member or authorized representative of a member

IVAN BLUMENFELD IZZO

Typed or printed name of signee