

**LI6000154272**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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**NOV 09 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KEDMA 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:

HAREL GARNI

\_\_\_\_\_  
Name of Person

KEDMA COSMETICS, LLC

\_\_\_\_\_  
Firm/Company

11300 SPACE BOULEVARD # 2B

\_\_\_\_\_  
Address

ORLANDO, FL 32837

\_\_\_\_\_  
City/State and Zip Code

HAREL\_AAA@YAHOO.COM

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

For further information concerning this matter, please call:

HAREL GARNI

407 437-3088

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**

KEDMA 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 8/17/16 and assigned  
Florida document number L16000154272

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)**

11300 SPACE BOULEVARD

# 2B

ORLANDO, FL 32837

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

**(Mailing address MAY BE A POST OFFICE BOX)**

11300 SPACE BOULEVARD

# 2B

ORLANDO, FL 32837

**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:

HAREL GARNI

New Registered Office Address:

11300 SPACE BOULEVARD, # 2B

*Enter Florida street address*

ORLANDO

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.*

*(Signature)*  
**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	ASAF FISS	7061 GRAND NATIONAL DRIVE	<input type="checkbox"/> Add
		SUITE 105-C	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MGRM	HAREL GARNI	11300 SPACE BOULEVARD	<input checked="" type="checkbox"/> Add
		# 2B	<input type="checkbox"/> Remove
		ORLANDO, FL 32837	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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[illegible]

**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 11/3/16

ASOT Liss

Signature of a member or authorized representative of a member

ASAF FISS  
Typed or printed name of signee

**Filing Fee: \$25.00**

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