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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Cor			
DARA CO	SMETICS LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ANA P ZANINI		
		Name of Person	
		Firm/Company	
	1811 RUNNERS WAY		
		Address	
	NORTH LAUDERDALE.		
	ANA.ZANINI@DARACO	City/State and Zip Code SMETICS.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	nll:	
ANA P ZANINI		786 6836066	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

DARA 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 03/01/2017 and assigned Florida document number ______L17000047931 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." 7950 NW 77th ST, SUITE C4 Enter new principal offices address, if applicable: MIAMI, FL 33166 (Principal office address MUST BE A STREET ADDRESS) 7950 NW 77th ST, SUITE C4 Enter new mailing address, if applicable: MIAMI, FL 33166 (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

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 1866

Florida_

Page 1 of 3

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>	Address	Type of Action
MGR	KESIA POMPEU FREITAS	7950 NW 77th ST, Suite C4	
		Miami, Fl 33166	~
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			SEDRE JARY APR Charge
			SSA B-Charge
			PAAd PAAd PAAd PAAd PAAD PAAD PAAD PAAD
			Change

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te: If the date inserted in this block of cument's effective date on the Depart	fective date, but not an effective tim	equirements, this date will not be listed
, APRIL HTH	2017	
ed	- Manur	SEC TALL
	nature of a member or authorized representative of	a member
ANA P. ZANINI	(())	SE 7

Filing Fee: \$25.00