

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6303

From:

Account Name : VIP ACCOUNTING & BUSINESS CONSULTING , LLC
Account Number : 12318000072
Phone : (954)228-2410
Fax Number : (954)228-0402

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Victor.Bidart@VipBusiness.Com

AMEND/RESTATE/CORRECT OR M/MG RESIGN

DARA COSMETICS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2020 JAN 28 PM 3:32

JAN 29 2020

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2019 NOV 21 PM 1:49

SECOND SUBMISSION
Already submitted on 11/21/2019

(((H19000341527 3))) **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 06/01/2017 and assigned
Florida document number 117000047931

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6499 POWERLINE RD., S. 101

FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6499 POWERLINE RD., S. 101

FORT LAUDERDALE, FL 33309

**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:

MARCOS ABRANDA

New Registered Office Address:

6499 POWERLINE RD., SUITE 101

Enter Florida street address

FORT LAUDERDALE,

Florida

33309

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

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2019 NOV 21 PM 2:50

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCIO FREITAS	1811 RUNNERS WAY	☐ Add
		NORTH LAUDERDALE, FL	☒ Remove
		33068	☐ Change
MGR	KESIA POMPEU FREITAS	7950 77th STREET, SUITE C-4	☐ Add
		MIAMI, FL	☒ Remove
		33166	☐ Change
MGR	JEFFERSON MACHADO	1811 RUNNERS WAY	☒ Add
		NORTH LAUDERDALE, FL	☐ Remove
		33068	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 NOVEMBER 20

2019

Signature of a member or authorized representative of a member

ANA PAULA ZANINI

Typed or printed name of signer