

5/25/23, 3:27 PM

L17000047931

Division of Corporations
Florida Department of State
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Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AV ACCOUNTING ASSOCIATES CORP
Account Number : 120220000141
Phone : (954)937-5905
Fax Number : (954)208-0209

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DARA COSMETICS LLC

Certificate of Status	0
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Page Count	01
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2023 MAY 25 AM 8:25
DEPT. OF STATE
DIV. OF CORPORATIONS

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Corporate Filing Menu

Help

A. RAMSEY
MAY 25 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARA 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:

ANA P ZANINI

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2023 MAY 25 AM 8: 25

DARA COSMETICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1900 N. Bayshore Dr

Suite 1A-208

Miami -Florida 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 N. Bayshore Dr

Suite 1A-208

Miami -Florida 33132

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:

AV ACCOUNTING ASSOCIATES CORP

New Registered Office Address:

1525 N PARK DR SUITE 104

Enter Florida street address

WESTON

City

Florida 33326

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>
MGR	ZANINI, ANA P	1900 N. Bayshore Dr Suite 1A-208	<input type="checkbox"/> Add
		Miami - Florida 33132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MACHADO, JEFERSON	1900 N. Bayshore Dr Suite 1A-208	<input type="checkbox"/> Add
		Miami - Florida 33132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Ana P Zanini
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00