## 117000090808

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
- PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200320081362

PILED
2018 OCT 29 PH 6: 54
PALLAHASSEE, FL

10/29/18--01030--007 \*\*25.00

8 - vii).

S. PRATHER

## **COVER LETTER**

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sivan Bitton		
	LP Cosmetics LLC	Name of Person	
	2499 Glades Rd., Suite # 2	Firm/Company	
	Boca Raton, FL 33431	Address	
	dana@łaparfaitcosmetics.co	City/State and Zip Code om	<del></del>
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please concerning	all:	
Sivan Bitton		954 274-8095 at ( )	
Name	of Person		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:

TOE

Registration Section Division of Corporations

> 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

LP 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  $\frac{04/27/2017}{2}$ Florida document number L17000090808 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 "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Sivan Bitton Name of New Registered Agent: 2499 Glades Rd., Suite # 209 New Registered Office Address: Enter Florida street address Boca Raton

## 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.

Changing-Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Sivan Bitton		
<u> </u>			
-			□ Remove
		2499 Glades Rd., Suite # 209. Boca Raton, FL 33431	■ Change
AR	Juliany Gonzalez Ocampo		
<del></del>		<del></del>	Add
		2499 Glades Rd., Suite # 209. Boca Raton, FL 33431	■ Change
			Add
			Remove
			Change
			_ □ Add
			☐ Remove
			☐ Change
			☐ Remove
		<del></del>	Change
			☐ Remove
			☐ Change

Effective date, if other than the date of filing:    If an effective date is listed, the date must be specific and cannot be prior to date of filing or muse than 90 days after filing.) Pursuant to 605 0207 (3)(b) Nete:   11th 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.  The 90th day after the record is filed.  Dated  October 32  2018  Page 3 of 3  Filing Fee: \$25.00  Figure 1. The state of the properties of a member of the properties of the prope		rmation, enter change(s) here: (Attach additional sheets, if neo	
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			<del></del>
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:	<del></del>		
Effective date, if other than the date of filing:	-		
Effective date, if other than the date of filing:		——————————————————————————————————————	
Effective date, if other than the date of filing:	·		
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:		9/27/2019	
Dated October 22  Dated Signature with massiver or authorized representative of a member  Manager  Typed or printed name of signee  Page 3 of 3  Filling Fee: \$25.00	Note: If the date inserted in th	the date of filing: (opt e must be specific and cannot be prior to date of filing or more than 90 days after is block does not meet the applicable statutory filing requirements, the	tional) er filing.) Pursuant to 605.0207 (3)(b) his date will not be listed as the
Manager  Typed or printed name of signee  Page 3 of 3  Filling Fee: \$25.00			a.m. on the earlier of:
Manager  Typed or printed name of signee  Page 3 of 3  Filling Fee: \$25.00	Dated October 22	<del></del>	
Page 3 of 3		Signature of member or authorized representative of a member	
Page 3 of 3	Manager		2018 L
Page 3 of 3		Typed or printed name of signee	OCT 2
Filing Feet \$25.00		Page 3 of 3	() = 1
		rage 5 or 5	