111000 090 808

(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



200334944002

10/07/19~-01038--034 **25.00

2019 CF. - 7 PM 1:53

COVER LETTER

TO:	Registration Sec Division of Corp			
SHE	LP COSME	TICS LLC	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: TON, SIVAN Name of Person	
300		Name of Limi	ted Liability Company	
The	enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Plea	se return all correspo	ndence concerning this matter t	to the following:	
		BITTON, SIVAN		
			Name of Person	
		LP COSMETICS LLC		
			Firm/Company	
		730 West Hallandale Beach	n Blvd suite 105	
			Address	
		Hallandale, FL 33009		
		yael@laparfaitcosmetics.cor	City/State and Zip Code n	
		E-mail address: (t	o be used for future annual report notifi	cation)
For	further information ed	oncerning this matter, please ca	ill;	
Siva	n Bitton		954 274-8095 at ()	<u></u>
	Name of	f Person	Area Code Daytime	Telephone Number
Encl	losed is a check for th	ne 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

LP COSMETICS LLC

2019 007 - 7 PH 1:53

(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 Compar	ny were filed on 04/24/2017	and assigned
Florida document number L17000090808		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	730 West Hallandale Be	each Blvd suite 105
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale Beach, FL 33	3009
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	Armer a tor near surely	
	City	, Florida

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>	Type of Action
AR	GONZALEZ OCAMPO, JULIANY	2499 GLADES RD #209 BOCA RATON, FL 33431	Add
			■ Remove
		-	☐ Change
			☐ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
···			Add
			Remove
			☐ Change
			Add
		 	☐ Remove
			☐ Change
	 		
		-14	☐ Remove
			Change
			Add
			□ Remove
			Change

				_
				_
				
				_
				
· · · · · · · · · · · · · · ·				_
			·	_
				
				
				_
		,		
				_
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be problem to be block does not meet the app	ior to date of filing or more tha licable statutory filing requ	(optional) in 90 days after filing.) Pursuant to direments, this date will not be	605.0207 listed as t
ne record specifies a delaye The 90th day after the re		not an effective time,	at 12:01 a.m. on the ea	rlier of
October 3 Dated	2019	•		
	Tust	2.70		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00