

Division of Corporations

7/26/17, 11:12 AM

H17000140468
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PIERO SALUSSOLIA CORPORATE MANAGEMENT INC.
Account Number : 120150000007
Phone : (305)373-7016
Fax Number : (305)373-7017

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

Email Address: menico@pspalaw.com

RECEIVED

2017 JUL 26 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLMAR COSMETICA INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 26 A 9:24

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JUL 27 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLMAR COSMETICA INTERNATIONAL 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:

FEDERICA MAGNI

Name of Person

PIERO SALUSSOLIA CORPORATE MANAGEMENT

Firm/Company

1410 20TH STREET UNIT 214

Address

MIAMI BEACH FL 33139

City/State and Zip Code

monica@pspalaw.com

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

For further information concerning this matter, please call:

FEDERICA MAGNI

305 3737016

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

STATE OF FLORIDA
TALLAHASSEE

2017 JUL 26 A 9:24

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**TO
ARTICLES OF ORGANIZATION
OF**

COLMAR COSMETICA INTERNATIONAL 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 JUNE 28, 2017 and assigned
Florida document number L17000140468.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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	HUMBERTO MENDEZ ARROYO	1200 brickell Bay Drive Unit 2915	<input checked="" type="checkbox"/> Add
		Miami Fl, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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JUL 26 2017
TALLAHASSEE, FLORIDA

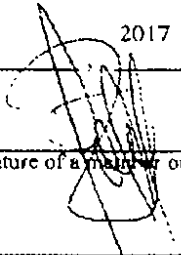
N/A

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STATE OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: N/A/ (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 July 25 2017



Signature of a member or authorized representative of a member

Typed or printed name of signee