118000026969

| (Reque | estor's Name |) |
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| (Addre | ss) | |
| (Addre | ss) | |
| . (City/S | tate/Zip/Pho | ne #) |
| . PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Na | ame) |
| . (Docum | ment Numbe | r) |
| Certified Copies | Certificati | es of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | | FORMULA LLC | | |
|----------------|-----------------|---|---|---|
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | Julia Greenberg - Aguilar | | |
| | | | Name of Person | |
| | | MyUSAcorporation.com | | |
| • | | | Firm/Company | |
| | | l Radisson Plaza, Ste.800 | | |
| | | | Address | |
| | | New Rochelle, NY 10801 | | |
| | | | City/State and Zip Code | |
| | | osmalkhatib@gmail.com | | |
| | | E-mail address: (t | to be used for future annual report no | otification) |
| For further in | iformation co | ncerning this matter, please ca | ıll: | |
| Julia Greenb | erg-Aguilar | | 877- 330-2677 | |
| | Name of | Person | at () | me Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| □ \$25.00 F | iling 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:

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUTURE FORMULA LLC

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

(A Florida Limited Liability Company)

| . (A Florida Lin | nited Liability Company) | |
|--|--|---|
| The Articles of Organization for this Limited Liability Com Florida document number L18000026969 | pany were filed on 01/26/2018 | and assigned |
| 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 a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 175 SW 7TH STREET, STE 1900, MIA | AMI, FL 33130 |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | |
| Enter new mailing address, if applicable: | 175 SW 7TH STREET, STE 1900, MI | AMI, Ft. 33130 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | | the name of the ne SECRETAR SECRETAR OF C |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | SIATI BRAIL |
| | City | Zip Coden Z |

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:

| <u> Fitle</u> | <u>Name</u> | | |
|----------------|-------------|--------------|---|
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| February 26th | 2018 | |
| The 90th day after the record | | oc 12.01 a.m. on the earlier |
| record specifies a delayed e | fective date, but not an effective time, | at 12:01 a.m. on the earlier |
| te: If the date inserted in this block cument's effective date on the Department. | does not meet the applicable statutory filing requ | irements, this date will not be listed |
| ective date, if other than the da | te of filing:specific and cannot be prior to date of filing or more that | (optional) |
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Filing Fee: \$25.00