

48000216702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

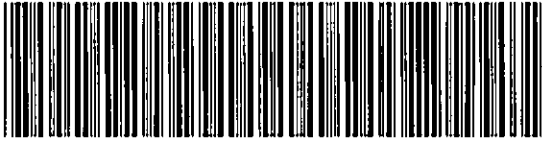
(Business Entity Name)

(Document Number)

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10/2/18 DS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HASHTAG USA 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:

LEVI HATCH

\_\_\_\_\_  
Name of Person

NIELSEN LAW GROUP

\_\_\_\_\_  
Firm/Company

1490 S PRICE RD, STE 301

\_\_\_\_\_  
Address

CHANDLER, AZ 85286

\_\_\_\_\_  
City/State and Zip Code

vara.joseluis@gmail.com

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

For further information concerning this matter, please call:

LEVI HATCH

480

888-7111

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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	ADMIR SERRANO	6187 NW 167TH ST	<input type="checkbox"/> Add
		UNIT H9	<input type="checkbox"/> Remove
		HIALEAH, FL 33015	<input checked="" type="checkbox"/> Change
MGR	MARY SERRANO	6187 NW 167TH ST	<input type="checkbox"/> Add
		HIALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE LUIS VARA	6187 NW 167TH ST	<input checked="" type="checkbox"/> Add
		UNIT H9	<input type="checkbox"/> Remove
		HIALEAH, FL 33015	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MEMBERS OF THE COMPANY ARE AS FOLLOWS:

JOSE LUIS VARA

ADMIR SERRANO

ANDRES URDANGARIN DORRONSORO

MAIBY RASQUERI URDANGARIN

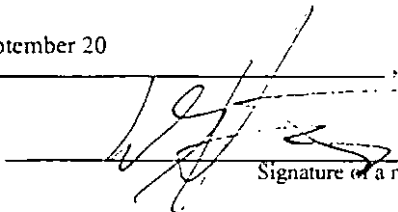
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 September 20, 2018



Signature of a member or authorized representative of a member

LEVI HATCH

Typed or printed name of signee