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SEP - 9 2019

COVER LETTER

	Registration Sec Division of Corp						
cum irz		METICS LLC					
SUBJEC	- I :	Name of Limi	ted Liability Company				
The encl	osed Articles of a	Amendment and fee(s) are sub	nitted for filing.				
Please re	cturn all correspo	ndence concerning this matter	to the following:				
		LUISA ELENA CUADRA	DO				
			Name of Person				
DIEGO L. RESTREPO, P.A.							
			Firm/Company	·· ·····			
		2600 SOUTH DOUGLAS ROAD, SUITE 913 Address					
		CORAL GABLES, FL 33	134				
	City/State and Zip Code LUISA@RESTREPOLAW.COM						
		E-mail address: (to be used for future annual report r	notification)			
For furth	her information c	oncerning this matter, please ca	all:				
LUISA	ELENA CUADI	RADO	305 447-9430				
	Name o	l'Person	Area Code Day	time Telephone Number			
Enclose	d 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)			
	Registr	ING ADDRESS:	STREET/COU Registration Se				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

August 21st, 2019

Certified Mail Return Receipt Requested No. 7017 3380 0000 6288 6232

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Ref: Articles of Amendment to the Articles of Organization for One Cosmetics LLC, a Florida limited liability company, (the "Company")

To whom it may concern:

Enclosed please find the Articles of Amendment for the company referenced above and check # 1705 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

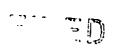
Very truly yours.

Diego L. Restrepo, P.A.

Bv:

Luisa Elena Cuadrado, Paralegal

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 AHG 27 AM 8: 20

ONE COSMETICS LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company)	,	
The Articles of Organization for this Limited I Florida document number L19000194415	Liability Compan	y were filed on 07/30/2019	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli		N/A		
Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
			<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the	
Name of New Registered Agent:	<u>N/A</u>		 	
New Registered Office Address:	N/A			
		Enter Florida street address		
		, Flor		
		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

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	LEONARDO VALLECILLA	1820 N CORPORATE LAKES BLVD., SUITE 303	Add
		WESTON, FL 33326	
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change
			□ Remove
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(li`an effe Note:	ve date, if other than the date of filing:
If the red (b) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	AUGUST 16 2019
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ Mup/My/

Page 3 of 3

Filing Fee: \$25.00