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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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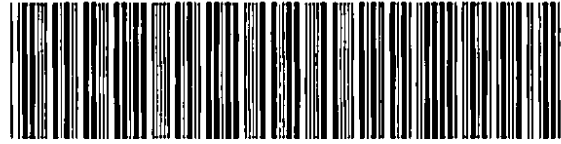
(Business Entity Name)

(Document Number)

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

Member:

Florida Bar Association

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Coral Gables, Florida 33134

Telephone: (305) 447-9430

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E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified
Public Accountants

February 6, 2020

Certified Mail Return Receipt Requested
No. 7017 3380 0000 6302 7009

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 # 1834 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.

By: 

Luisa Elena Cuadrado, Paralegal

w/ enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE 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:

LUISA ELENA CUADRADO

Name of Person

DIEGO L. RESTREPO, P.A.

Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LUISA@RESTREPOLAW.COM

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

For further information concerning this matter, please call:

LUISA ELENA CUADRADO

305

447-9430

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2019 11 10 10:41

ONE COSMETICS 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 07/30/2019 and assigned
Florida document number L19000194415.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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

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	LEONARDO VALLECILLA	1820 N CORPORATE LAKES BLVD., SUITE 303	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL ANDRES VARGAS	3300 NE 188 STREET APT 210	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33188	<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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			<input type="checkbox"/> Change

[illegible]

(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)

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.

2020

Signature of a member or authorized representative of a member

Typed or printed name of signee