L19000194415

| (Requestor's Name) | |
|---|---|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Business Entity Name) | |
| (Document Number) | |
| (Bocament Number) | |
| Certified Copies Certificates of Status | |
| Sexilicates of Glates | _ |
| _ | 1 |
| Special Instructions to Filing Officer; | |
| | |
| | |
| | |
| | |
| | |
| | |
| Office Use Only | |



900340485969

03/10/20--01014- 013 **25.00

C GOLDEN MAR = 0 2020

COVER LETTER

| | gistration Sec vision of Corp | | | |
|---------------|----------------------------------|---|---|---|
| QUBIECT: | ONE COSM | METICS LLC | | |
| SUBJECT | J-2-2- | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are subt | nitted for filing. | |
| Please returi | n all correspor | ndence concerning this matter t | to the following: | |
| | | LUISA ELENA CUADRA | .DO | |
| | | | Name of Person | |
| | | DIEGO L. RESTREPO, P. | Α. | |
| | | | Firm/Company | |
| | | 2600 SOUTH DOUGLAS | ROAD, SUITE 913 | |
| | | | Address | |
| | | CORAL GABLES, FL 331 | 34 | |
| | | | City/State and Zip Code | |
| | | LUISA@RESTREPOLAW | .COM to be used for future annual report notific | |
| | | | · | mion) |
| For further i | information co | oncerning this matter, please ca | dl: | |
| LUISA ELI | ENA CUADR | ADO | at () 447-9430 Area Code Daytime 7 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e 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, F1, 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

February 5, 2020

Certified Mail Return Receipt Requested No. 7017 3380 0000 6302 7023

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.

Rv

Luisa Elena Cuadrado, Paralegal

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 FER 10 AH 11:36

| ONE | COS | TETICS | TLC |
|-----|------|---------|------|
| ONG | しいいい | TETIC 3 | 1.1. |

(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 Lis Florida document number <u>L19000194415</u> | | | | |
|--|---|---------------------------------------|---|--|
| This amendment is submitted to amend the follo | | | | |
| | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| N/A | | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company." the desig | nation "LLC" or the at | obreviation "L.U.C. |
| Enter new principal offices address, if applicable: | | N/A | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE) | <u> 30X)</u> | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: | | | n records, <u>enter</u> | the name of the new |
| New Registered Office Address: | N/A | | | |
| | , | Enter Florida | street address | |
| | | | , Florida | Zip Code |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing R | legistered Agent: | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this | r and complete stered agent as _i registered office | performance of my provided for in Cha | oduties, and Lam opter 605, F.S. Or, | familiar with and , if this document is |
| | - | nging Registered Agent | (A) | |

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 | ■ Remove |
| | | | Change |
| MGR | RAFAEL ANDRES VARGAS | 3300 NE 188 STREET APT 210 | = Add |
| | | AVENTURA, FL 33188 | ☐ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | <u>-</u> | Change |
| | | | |
| | | | □ Remove |
| | | - | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | D Add |
| | | | Remove |
| | | | Change |

| | | <u>-</u> | | *** | | | |
|-------------------------------|---|--|-----------------------------------|-------------------|---|---|---|
| | <u>-</u> | | | | | <u> </u> | |
| | | | | | | | |
| | | | | <u> </u> | | | |
| - | <u></u> | | | | | | |
| | · | | | | - | | |
| | | | | <u>.</u> | | - | |
| | | | | | | | ···- |
| | <u>-</u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | - | | |
| | | | | - | | | |
| | | | <u>-</u> | - | | | |
| | | | - | • | | | |
| | | | | | | | |
| | | | | | | | |
| Han effective on Note: If the | te, if other than date is listed, the dat date inserted in the effective date on t | e must be specific a iis block does not | and cannot be p t meet the app | olicable statutor | ng or more than 90 y filing requiren | (optional) days after filing.) nents, this date w | Pursuant to 605.0207 fill not be listed as |
| he record s The 90th | specifies a dela day after the | ayed effective record is filed | date, but | not an effec | tive time, at | 12:01 a.m. o | n the earlier of |
| Dated FEBR | RUARY 5TH | | 2020 | 1. | , | | |

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00