

# L23000/47306

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : B RILEY WEALTH TAX SERVICES INC  
Account Number : 120120000051  
Phone : (305)937-7773  
Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JCOLON@BRILEYWEALTH.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DLD CONSULTING LLC

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K. SALY

JUL 16 2024

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2024 JUL 15 AM 10:55

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

2024 JUL 15 AM 2:00  
FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DLD CONSULTING 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 MARCH 22, 2022 and assigned  
Florida document number L23000147306

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NHM COSMETICS LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

5553 ANGLERS AVE

BLDG 4, UNIT 115

FORT LAUDERDALE, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5553 ANGLERS AVE

BLDG 4, UNIT 115

FORT LAUDERDALE, FL 33321

**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:

NOYA HAZUT

New Registered Office Address:

5553 ANGLERS AVE BLDG 4, UNIT 115

Enter Florida street address

FORT LAUDERDALE, Florida 33321

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.*

*(Signature)*  
If Changing Registered Agent, Signature of New Registered Agent

**FILED**  
2024 JUL 15 AM 2:00  
CLERK OF COURT  
CLALLAHASSEE FLORIDA

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>
AMBR	NOYA HAZUT	5553 ANGLERS AVE	<input checked="" type="checkbox"/> Add
		BLDG 4, UNIT 115	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33321	<input type="checkbox"/> Change
MGR	DANNY DOTAN	421 NE 6 ST	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LILACH DOTAN	421 NE 6 ST	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33304	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

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Dated 6/28/, 2024.

Noyg Hazut.  
Typed or printed name