

L16000007223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

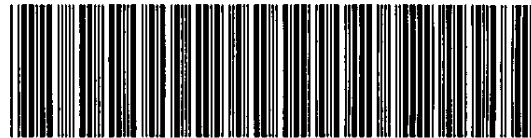
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 21 PM 12:25

FILED

K. SALY
NOV 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

GUTIERREZ AND ASSOC SVCS INC.
GUILLERMO GUTIERREZ
4640 SW 155TH PLACE
MIAMI, FL 33185-4568

SUBJECT: INTERNATIONAL SKIN CARE, LLC
Ref. Number: L16000007223

RECEIVED
2016 NOV 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INTERNATIONAL SKIN CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00021678

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL SKIN CARE, 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:

GUILLERMO GUTIÉRREZ
Name of Person

GUTIERREZ & ASSOC. SVCS., INC.
Firm/Company

4640 SW 135TH PLACE
Address

MIAMI, FLORIDA 33185-4568
City/State and Zip Code

guillare@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO GUTIÉRREZ at (305) 228-4289
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

INTERNATIONAL SKIN CARE, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 NOV 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-11-2016 and assigned Florida document number L16000007223.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12864 BISCAYNE BLVD
SUITE 261
NORTH MIAMI, FL 33181

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:

New Registered Office Address:

12864 BISCAYNE BLVD STE. 261
Enter Florida street address

NORTH MIAMI, Florida 33181
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>
_____	_____	_____	<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE OF ADDRESS :

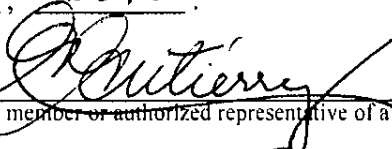
<u>OLD</u>	<u>NEW</u>
11111 BISCAYNE BLVD	12864 BISCAYNE BLVD
SUITE 130	SUITE 261
NORTH MIAMI, FL. 33181	NORTH MIAMI, FL 33181

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 TALLAHASSEE, FLORIDA
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E. Effective date, if other than the date of filing: NOV. 18, 2016 (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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 NOVEMBER 18, 2016



 Signature of a member or authorized representative of a member
GUILLERMO GUTIERREZ

 Typed or printed name of signee