121000 4686CC

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS DEC 2 1 2021



000376734070

11/18/21--01007--003 *+35.00

2021 DEC -F) PH 3: 53



2021 070 17 61 7: 50

Letter Number: 121A00029210

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2021

ZINTHIA GARCIA 1351 NW 58TH ST. MIAMI, FL 33142

SUBJECT: UNDERSTONESKN, LLC

Ref. Number: L21000468600

We have received your document for UNDERSTONESKN, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Co	rporations		
SUBJECT:	UNDERS Name of Lim	STO NE SKN, LL ned Etability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Z:1/h:	A M GARCIA Name of Person	
		Firm/Company	·
		58+2 5+	
	Miam. 7 Zinthiag	City State and Zip Code City State and Zip Code City State and Zip Code Cod	tification)
For further information of	concerning this matter, please ca		
Zinthia W Name o	A GARCIA of Person	at (305) 965 Area Code Daytii	T - 0145 me Telephone Number
Enclosed is a check for t	he following amount:		
25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	- · ·	Street Address: Registration S	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

UNDER STONE (Name of the Limited Liability Company (A Florida Limited Lia	as it now applears on our records.) bility Company)		_		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 2 1000468600</u>	, ,	an	ıd assi;	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability UNDERTONE The new name must be distinguishable and contain the words "Limited Liability		abbreviatio	<u></u>	.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/4				_ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		202		-
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the na		먎	regist	– <u>erec</u>
New Registered Office Address:	Enter Florida street address	STATE	မှ တ သ		_
New Registered Agent's Signature, if changing Registered Agent:	Florida	Zip (<u> Vode</u>		_

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>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

									
	· · · · · · · · · · · · · · · · · · ·					, ,,, ,			
									
									
					 		··		
									
				n s					
	· · · · · · · · · · · · · · · · · · ·	····							
								-	
						.			
				,					
lf an effectiv <u>Note:</u> H'tl	date, if other the e date is listed, the c ne date inserted in s effective date or	late must be speci this block does	fic and canno a not meet th	ne applicabl					
e record sp rd is filed.	ecifies a delayed c	effective date, b	ut not an eff	fective time	, at 12:01 a.n	n, on the earli	er of: (b) Th	ne 90th day after	the
	12-14	1-21							
Dated			·						
Dated				au L	Colar	ve of a membe			

Filing Fee: \$25.00