

LD5000086534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

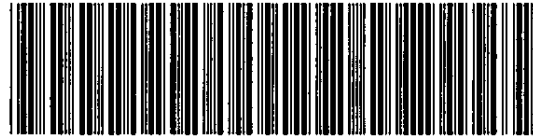
(Business Entity Name)

(Document Number)

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2013 OCT 28 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 30 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Skin Regiments 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:

Orlando de Armas  
Name of Person  
Orlando de Armas, CPA  
Firm/Company  
12002 SW 128<sup>th</sup> Ct. Ste. 208  
Address  
Miami, FL 33186  
City/State and Zip Code  
Orlando@armascpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlando de Armas at (305) 255-4325  
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

FILED  
2013 OCT 28 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SKIN REGIMENTS 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 09/01/2005 and assigned  
Florida document number L05000086534

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 end with 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:

GISELLA ESTEVES

New Registered Office Address:

2333 Coral Way

*Enter Florida street address*

Miami

*City*

Florida 33145

*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 608, 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.*

GiSELLA ESTEVES  
*Signature of New Registered Agent*

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GISELLA ESTEVES	2333 Coral Way	<input checked="" type="checkbox"/> Add
		Miami, FL 33145	<input type="checkbox"/> Remove
MGR	GISELLA ZIMMERMANN	2333 Coral Way	<input type="checkbox"/> Add
		Miami, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated October 18, 2013



Signature of a member or authorized representative of a member

**Gisella Esteves**

Typed or printed name of signee

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