

LO7000009218

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(City/State/Zip/Phone #)

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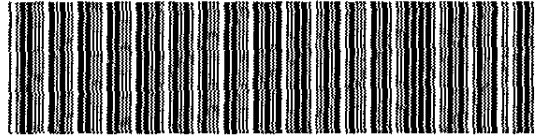
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKIN BEAUTY CLINIQUE "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:

MARIELA ALCALA  
(Name of Person)

SKIN BEAUTY CLINIQUE "LLC"  
(Firm/Company)

2180 NW 19th Avenue  
(Address)

MIAMI, FLORIDA 33142  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIELA ALCALA at (786) 547-5789  
(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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Skin Beauty Clinique "LLC"

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 1-24-2007 and assigned  
document number 20700009218

SECOND: This amendment is submitted to amend the following:

Article IV: MANAGER(S) or Managing Member(s)

Title Name and Address

"MGR" MARIELA ALCALA  
3875 SW 8<sup>th</sup> Street  
Miami, Florida, 33134

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Dated February 13, 2007.

Raifa Alcala

Signature of a member or authorized representative of a member

MARIELA ALCALA

Typed or printed name of signee

Filing Fee: \$25.00