

LD7000023407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

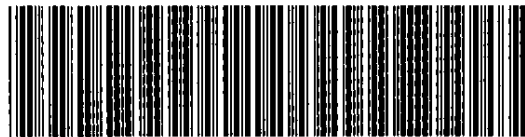
(Business Entity Name)

(Document Number)

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2010 JUN -1 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
JUN 2 2010  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE SKIN INN, L.C.  
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:

RACHEL HESSEE  
Name of Person

THE SKIN INN LLC  
Firm/Company

8934 SE BRIDGE RD.  
Address

HOBE SOUND, FL. 33455  
City/State and Zip Code

SKININN@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL HESSEE at (772) 214 7199  
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

THE SKIN INN, L.L.C.

2010 JUN -1 PM 1:48

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 2, 2007 and assigned  
Florida document number L07000023407.

This amendment is submitted to amend the following:

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

THE SKIN INN, L.L.C.

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:

(Principal office address MUST BE A STREET ADDRESS)

8934 SE BRIDGE Rd.  
HOBE Sound, FL  
33455

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8934 SE BRIDGE Rd.  
HOBE SOUND, FL  
33455

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:

RACHEL J. HESSEE

New Registered Office Address:

8934 SE BRIDGE Rd.

Enter Florida street address

HOBE Sound

City

Florida

33455

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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	Maureen Burke	9204 SE MERLUK ST HOBE Sound, FL 33455	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

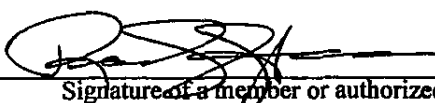
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Dated May 26, 2010.



Signature of a member or authorized representative of a member

RACHEL HESSE

Typed or printed name of signee

2010 JUN -1 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED