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JOSEPH A. TROIANO, ESQ., PA

A PROFESSIONAL ASSOCIATION

12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FL 33907 239.482.3998 DIRECT 239.823.5222 CELL PHONE 239.466.2866 FAX jat621@comcast.net

April 16, 2007

PRIVATE AND CONFIDENTIAL

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

> RE: XPRESS SKIN CARE, LLC

Dear Sir or Madam:

Enclosed for filing please find Articles of Amendment for Xpress Skin Care, LLC whereby a change of name to Skin Xpression, LLC is requested.

Also enclosed is our check in the amount of \$30.00 for the required filing fee and Certificate of Status.

Please return the Certificate of Status to this office in the postage paid return envelope that we have provided.

Thank you for your assistance. Should you have any questions or require additional information, please feel free to contact me.

ery truly yours.

Troiano, Esq

For the Firm

JAT/lms **Enclosures** cc: Client

COVER LETTER

Division of Corporations	
SUBJECT: XPRESS 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:	
JOSEPH A. TROIANO, ESQ.	
(Name of Person)	
JOSEPH A. TROIANO, ESQ., PA	
(Firm/Company)	
12800 UNIVERSITY DRIVE, SUITE 380	
(Address)	
EODT MAVEDS EL 22007	
FORT MYERS, FL 33907 (City/State and Zip Code)	
(Chyrotale and Exp Code)	
For further information concerning this matter, please call:	
JOSEPH A. TROIANO, ESQ. (Name of Person) (Name Telephone Number)	121
JOSEPH A. TROIANO, ESQ. at 239 482-3998	* ************************************
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	ी - स्टब्स
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
(unantonal copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

FIRST: The Articles of Organization were filed on 03/12/07 and assigned document number 107000026580 SECOND: This amendment is submitted to amend the following: TO CHANGE THE NAME OF THE COMPANY TO SKIN XPRESSION, LLC Dated 4-16- Signature of a member or authorized representative of a member 15/15/15/15/15/15/15/15/15/15/15/15/15/1	<u> </u>	(Present Name)		
Dated 4-16 , 2007 APR 19 PH Signature of a member or authorized representative of a member To CHANGE THE NAME OF THE COMPANY TO SKIN XPRESSION, LLC TO CHANGE THE NAME OF THE COMPANY TO SKIN XPRESSION TO SKIN XPRESSI		(A Florida Limited Liability Company)		
Dated 4-16 , 2007 APR 19 PH Signature of a member or authorized representative of a member 15 Signature of a member 16 Signature of a member 17 S				
Dated 4-16 , 2007 APR 19 PH Signature of a member or authorized representative of a member 15 Signature of a member 16 Signature of a member 17 S				•
Dated 4-16 , 2007 APR 19 PH Signature of a member or authorized representative of a member 15 Signature of a member 16 Signature of a member 17 S		03/12/07		
Dated 4.16 SECRETARY OF THE COMPANY TO SKIN XPRESSION, LLC 7007 APR 19 PH Signature of a member or authorized representative of a member	FIRST:	document number L07000026580 and assig	ned	
Dated 4-16 , 2007 APR 19 PH SECRETARY OF Signature of a member or authorized representative of a member Signature of a member	SECOND:	This amendment is submitted to amend the following:		
Signature of a member or authorized representative of a member		TO CHANGE THE NAME OF THE COMPANY TO SKIN XPRESS	ION, LLC	
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Signature of a member or authorized representative of a member	Dated	4-16, 2007.		
Signature of a member or authorized representative of a member			.ALI SEI 1007	
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Signature of a member or authorized representative of a member		CKC/Wd	TAR PASS	14.75 14.75
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Typed or printed name of signee			<u> </u>	\$-11

Filing Fee: \$25.00

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