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T. CLINE
APR 2 6 2011
EXAMINER

COVER LETTER

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	NOUVA VI	TA SKINCARE LLC		
		nited Liability Company		
	of Amendment and fee(s) are su			
•	· · · · · · · · · · · · · · · · · · ·		•	·
	ERNEST VELASCO			
		Name of Person		
. Firm/Company				
3701 SW 107 AVE				
		Address		
MIAMI, FL. 33165 City/State and Zip Code			·	·
	ZOIL A SECH			
For further information	concerning this matter, please	to be used for future annual report notificall:	: 1.	APR 25 ALCRETARY OF AHASSEE.
ERN	EST VELASCO	at (786)	280-2424	
Name (of Person	Area Code & Daytime	Telephone Number	STATE LORIDA
Enclosed is a check for t	the following amount:		•	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Fee, of Status & opy copy is enclosed)	
MAILING ADDRESS:		STREET/COURIE	ER ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SKINCARE LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed onAl	PRIL 18, 2011	_ and assigne	ed
Florida document numberL11000045909				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:	, · ·	÷	
NUOVA VITA S	SKINCARE LLC	· .		
The new name must be distinguishable and end with the words "Lin	mited Liability Company,	" the designation "LLC	or the abbre	eviation
"L.L.C."		***	•• 	
Enter new principal offices address, if applicable:		•1•		
(Principal office address MUST BE A STREET ADDRESS)		ΣĀ	201 SI	
		i	CRE ₹	-7-3
		<u> </u>	2 20	
Enter new mailing address, if applicable:		ass.	EX 25	
(Mailing address MAY BE A POST OFFICE BOX)			위 조	
(Maning dadress MAT BE A FOST OFFICE DOA)				
			<u> </u>	
B. If amending the registered agent and/or registered	office address on our	-		e new
registered agent and/or the new registered office address he		enter the	"i	<u>c new</u>
Name of New Registered Agent:				
New Registered Office Address:			•	
New Registered Office Address:	Enter	Florida street address		
	•			
	City	, Florida	Zip Code	
	C.1.y	4	np Coue	

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.

If Changing Registered Agent, Signature of New Registered Agent