## L11000105317

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ALLAHASSEE, FLORID,

D. BRUCE
OCT 4 2011
EXAMINER

## **COVER LETTER**

	ration Section n of Corporations					
SUBJECT:	SIS	kin Care, LLC				
		nited Liability Company				
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.				
Please return all	correspondence concerning this matte	er to the following:				
		Felipe Barrios				
		Name of Person				
		S I Skin Care, LLC				
		Firm/Company				
1700 NW 65 Avenue; Suite 13						
		Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ن ا	<u></u>	
		Plantation, FL. 33313		LAM.	130	
	City/State and Zip Code			ĬÁR ASS	မ်	
	felipe(	felipe@americanprivatelabel.com E-mail address: (to be used for future annual report notification)				
For further inform	mation concerning this matter, please	•	ion)	F STAT	正	
	Felipe Barrios	at ( <u>954)</u> 678-42	200 option 7	DA S	(A)	
	Name of Person	Area Code & Daytime Te	<u>-</u>			
Enclosed is a che	eck for the following amount:			,		
	<del>-</del>	Tess oo riiina raa e	□\$60.00 E:U-			
\$25.00 Filing Fee \$\ \times \text{\$\$30.00 Filing Fee & }\ \$						ed)
			(uooniviia)	. vopj is c		<del>-u</del> ,
	MAILING ADDRESS:	STREET/COURIER	ADDRESS:			
Registration Section		Registration Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIS	kin Care, LLC				
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appropried Liability Compan	oears on our records. y)	)		
The Articles of Organization for this Limited Liability Co Florida document number L11000105317	mpany were filed on _	September 14,	2011 and a	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :			
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Cor	npany," the designation	on "LLC" or th	e abbreviation	
Enter new principal offices address, if applicable:			Size	<b>.</b>	
(Principal office address MUST BE A STREET ADDRE	<u></u>	·	- <del> </del>		
				- 1	
Enter new mailing address, if applicable:			3 PM RY OF SEE. F	FTI	
(Mailing address MAY BE A POST OFFICE BOX)			S 5.1		
			Pri va	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address o	n our records, <u>ent</u>	er the name	of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida		-da		
	City <sup>,</sup>		Zip Co	ae	

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

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> **Type of Action** <u>Name</u> **Address** MGR Camrose Trading, Inc. 1221 NW 165 Street ☐ Add Remove Miami, FL 33169 MGR C.T.I. International Group Inc. 1221 NW 165 Street ✓ Add Remove Miami FL 33169 ☐ Add Remove Remove □Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 45-3250536 Signature of a member or authorized representative of a member Felipe Barrios Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00