

L11000116128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

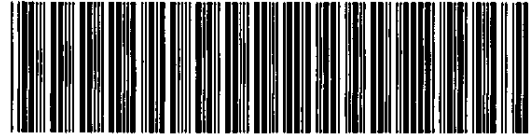
(Business Entity Name)

(Document Number)

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09/08/14--01041--019 **30.00

EFFECTIVE DATE 09-15-14

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2014 SEP -8 P 4:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 12 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SINS OF SKIN, 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:

Michael Olynk

Name of Person

Mile Marker 11 Ventures Inc.

Firm/Company

7011 North Atlantic Ave #103

Address

Cape Canaveral, FL 32920

City/State and Zip Code

mm11ventures@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Olynk

Name of Person

at 905 476-1778

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

FILED
SEP - 8 PM 4:10
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SINS OF SKIN, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on October 7, 2011 and assigned
Florida document number L11000116128.

This amendment is submitted to amend the following:

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

SEXY DOES IT, LLC.

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:

7011 North Atlantic Avenue #103

(Principal office address MUST BE A STREET ADDRESS)

Cape Canaveral, FL 32920

Enter new mailing address, if applicable:

7011 North Atlantic Avenue #103

(Mailing address MAY BE A POST OFFICE BOX)

Cape Canaveral, FL 32920

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

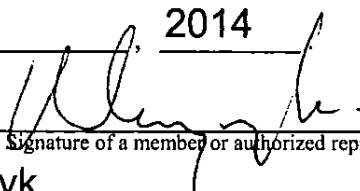
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: September 15, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 3, 2014



Signature of a member or authorized representative of a member

Michael Olynyk

Typed or printed name of signee

FILED
2014 SEP -8 P 4:16
FLORIDA DEPARTMENT OF STATE