

U200006650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

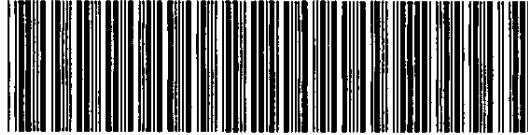
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2015

SKIN SCIENCE
2203 West Dekle Avenue
Tampa, FL 33606
25 March 2015

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

REF: Amend Articles of Organization of a Florida Limited Liability Company

Dear Sirs,

This cover letter is followed by my application to amend the name of my LLC from "Skin Science By Suzanne" to "Skin Science". A check is enclosed in the amount of \$30 for the Filing Fee & Certificate of Status. Should you have any questions or require further information, please contact me by mail, email or phone at:

Mail: 2203 West Dekle Avenue, Tampa, FL 33606
Email: suzanneshamblin@gmail.com
Phone: 813 210-3218

I greatly appreciate your assistance in effecting this name change.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzanne Shamblin", with a long, sweeping horizontal line extending to the right.

Suzanne Shamblin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skin Science By Suzanne

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:

Suzanne Shamblin

Name of Person

Skin Science

Firm/Company

2203 W. Dekle Avenue

Address

Tampa, FL 33606

City/State and Zip Code

suzanneshamblin@gmail.com

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

For further information concerning this matter, please call:

Suzanne Shamblin

at (813) 210-3218

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**

Skin Science By Suzanne

(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 1 May 2013 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

Skin Science 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:

(Principal office address MUST BE A STREET ADDRESS)

2203 W. Dekle Ave,

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2203 W. Dekle Ave.

Tampa, FL 33606

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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.

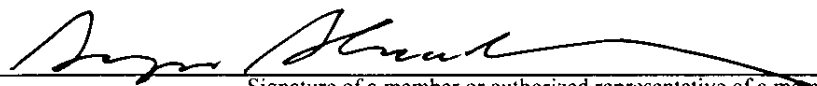
If Changing Registered Agent, Signature of New Registered Agent

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: _____ **(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 24 March, 2015



Signature of a member or authorized representative of a member

Suzanne Shamblin

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA