13000120935

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20000000000000000000000000000000000000
(Document Number)
(Boodine Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600323729916

01/24/19==01016==010 **30.00

S TALLENT

JAN 3 1 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SICIN È TONIC FACIAL BAR 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:
ERICA CARROLL Name of Person
Skin É Tomic Facial Bar Firm/Company
3518 SE 18th Pl Address
Cape Coval FL 33909 City/State and Zip Code
Skin and tanic be amusi com V E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EVICU CAVVIII at (239), 984-6036 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, F1. 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 E TOUL Fac (Name of the Limited Liability Compan (A Florida Limited L.)	y as it now appears on our ability Company)			
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1300012093</u> 5	were filed on/\DC	119 812	7 20 5 and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile Skin & Tour Beau The new name must be distinguishable and contain the words "Limited Liability".	ty Bar,	on "L.I.C" or the abb	oreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			 	
Enter new mailing address, if applicable:			19 JAN 21	FILE
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		records, enter t	the name of th	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stree			
	City	, Florida	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my dui vovided for in Chapter	ties, and I am fa r 605, F.S. Or. i	miliar with and f this document	1
If Chang	ing Registered Agent, Sig	nature of New Reg	istered Agent	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> _ 🗆 🗚dd □ Remove _□ Change _□ Add □ Remove □ Change _□ ∧**d**d _□ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

•		
		<u>-</u>
		<u> </u>
		İ
		
		<u> </u>
		Ī
f an effective Note: If the	ate, if other than the date of filing:	suant to 605.0207 not be listed as
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	the earlier o
Dated	Signature of a member or authorized representative of a member	
	vignature of a memoer of audionzed representative of a memoer	

Page 3 of 3

Filing Fee: \$25.00