## LISCOD202351

(Re	equestor's Name)	
(Ad	ldress)	· <u>-</u>
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



100285545241

05/09/16--01806 -010 \*\*25.00

-CRETARY OF STATE

MAY 1 0 2016

a was sond

## The Karniewicz Law Group

1406 W. Fletcher Avenue Tampa, Florida 33612 Telephone: (813) 962-0747 Toll Free: (866) 821-0747 Fax: (813) 962-0741

www.tklg.net

Judy Karniewicz, Esq. jkarniewicz@tklg.net

May 4, 2016

**Registration Section Division of Corporations** PO Box 6327 Tallahassee, FL 32314

RE:

NJoy Skincare, LLC

Document No. L15000202351

Dear Sir or Madam:

Enclosed please find for filing the Articles of Amendment to Articles of Organization of NJoy Skincare, LLC, along with a check for the filing fee in the amount of \$25.00 made payable to Division of Corporations.

Sincerely

**Paralegal** 

JK:lm **Enclosures** 

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	NJoy Skind			
JUDIEC	·1·		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Judy Karniewicz		
			Name of Person	
		The Karniewicz Law Grou	ıp.	
			Firm/Company	
		3834 W Humphrey St.		
			Address	
		Tampa, FL 33614		
			City/State and Zip Code	
		julie@tklg.net		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Judy Ka	rniewicz		813 962-0747	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	ne following amount:		
\$25.0	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

NJoy Skincare, LLC			
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	- <del></del>
The Articles of Organization for this Limited Florida document number L15000202351	Liability Company were filed on	December 3, 2015	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbrevi	
Enter new principal offices address, if appl	icable:		13 T. SHIPM
(Principal office address MUST BE A STRE	ET ADDRESS)	ر آآائٽ. ساهيون	<
		SA :	
		e.o. }	> [1]
Enter new mailing address, if applicable:			= 0_
(Mailing address MAY BE A POST OFFICI	E BOX)	<u>ĝ</u>	<u></u>
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, <u>enter the</u>	name of the
New Registered Office Address:	3834 W Humphrey St.		
New Registered Office Address.		lorida street address	
	Tampa	, Florida _ <sup>33614</sup>	
	City		ip Code
<u>New Registered Agent's Signature, if changing</u>	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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Wayne Miller	5127 Lurgan Rd.	□ Add
		Land O'Lakes, FL 34638	■ Remove
			Change
		- I BAM - I M	Add
			□ Remove
			□ Change
			Remove
			☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add L Add
			OF STATE 3 Change

				al sheets, if n		
					-	
						· <u>-</u>
	· · · · · · · · · · · · · · · · · · ·		<del></del>			<del> </del>
						<u></u>
· · · · ·						
						·
						_
				-		
ctive date, if other tha	ate must be specific an this block does not:	d cannot be prior to meet the applicab	date of filing or mor	e than 90 days af		
ment's effective date on ecord specifies a de	layed effective of record is filed.	date, but not a	an effective tir	ne, at 12:01	. a.m. o	on the earli
ment's effective date on ecord specifies a de le 90th day after th	e record is filed.	date, but not a	an effective tir	ne, at 12:01		
ment's effective date on ecord specifies a de e 90th day after th	e record is filed.  May 4	, 2016	.•			o capano
ment's effective date on ecord specifies a de e 90th day after th	e record is filed.  May 4	, 2016	an effective tir		77 T T T T T T T T T T T T T T T T T T	
ment's effective date on ecord specifies a de ne 90th day after th	e record is filed.  May 4	, 2016 member or authorize	. · zed representative o	fa member	A STATE OF THE STA	
ment's effective date on ecord specifies a de ne 90th day after th	e record is filed.  May 4	, 2016	. · zed representative o	a member g	ACTUAL STATES	

Filing Fee: \$25.00