41600004428

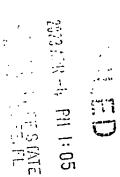
(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmass Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100405914621

04/04/29--01013--014 **25.33



经过程的

R. HUNT 04/04/23

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
SUBJECT: Sking	arc Solutions Name of Lim	By Shay LLC ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Pachelle	GalaCza Name of Person		
		Firm/Company	 	ودعم دما
	531 Mai	n St Svite A	APR -4 PH 1:05	¥ ¥
	Safety koo	City/State and Zip Code	<u> 34695 FC</u> = 05	J
	Skincare So E-mail address: (10 + 10 ns by Shay Or to be used for future annual report not	mall fraction)	
For further information co	oncerning this matter, please ea	all:		
Rachelle Ga	Person	at (<u>787)</u> <u>3089</u> Area Code Daytin	to 7 the Telephone Number	
Enclosed is a check for th	e 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 S		Street Address: Registration Se	ction	
Division of Co	orporations	Division of Cor	porations	
P.O. Box 632	7	The Centre of T	Tallahassee Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skincare Salutions By (Name of the Limited Liability Compan	y as it now appears on our records.)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on $0003/67/20/6$ and assigned
Florida document number <u>L16000047283</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Hello Doll LLC	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	531 main St Suite A
(Principal office address MUST BE A STREET ADDRESS)	Safety Harbor FL 34695
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad	ddraw on our records onto the name of the new registered
agent and/or the new registered office address here:	ouress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Neglatered Office Address.	Enter Florida street address
	, Florida +
	City On Zip Gode
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 properties.	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			Romoye FA
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

				<u> </u>		<u>.</u>		
			 					
								_
·							<u></u>	
						r .	~ -3	
						, ,	23 24	
						<u> </u>	ند	
	 							
						SELS OFFI SELS	<u> </u>	
						FAE	-: 	
		_						
						<u>-</u>		
								
					(option	al)		
Tective date, if other than the date of an effective date is listed, the date must be spe		ot be prior to	date of filing o	more than 90	days after fil	ing.) Pu	rsuant to	o 605.020 • listed a
an effective date is listed, the date must be spe ote: If the date inserted in this block do ocument's effective date on the Departm	es not meet in	ne appucaoi	ie statutory n	mg requiren	icins, uns o			
							o	6 .1
record specifies a delayed effective date. I is filed.	but not an ef	Tective time	z, at 12:01 a.i	n. on the ear	lier of: (b)	The 9	Oth day	aner in
1 15 Inco.								
Dated 3.27.23	:							
ated 3 2 7 23		7						
bated 3 C / C3	5	,						

Filing Fee: \$25.00