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SECRETARY OF SIAIR

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COVER LETTER

TO:	Registration Se Division of Cor			•	
CHIDIE	CT.	Oksana Acosta Family Ski	in Care Specalist LLC		
SUBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Oksana Acosta			
			Name of Person	 	
		Oksanas Family Skin Care	Center		
			Firm/Company		
		3988 Ashentreee Ct			
			Address		
		Ft Myers FL 33916			
			City/State and Zip Code		
		oksanaob@gmail.com			
		E-mail address: (to be used for future annual report notif	ication)	
For furtl	her information c	oncerning this matter, please c	all:		
Oksana	Acosta		239 878-7606 at ()	Xo N	
-	Name o	f Person		Telephone Number CRE NAR SS	
Enclose	d is a check for th	ne following amount:		m→ = Mo	
\$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	U

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

Oksana Acosta Family Sk	in Care Specalist LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 3/14/2016	and assigned
Florida document number L16000051951		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Oksana Family Skin Care Specalist LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the new
	_	
Name of New Registered Agent:		SS N
New Registered Office Address:		Te S III
	Enter Florida street address	STATE OF THE STATE
	, Flori	Zip Code
	T .W	Lip 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 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 **Title Name** <u>Address</u> **Type of Action** _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove E Change _□ Add رں **نہ** □ Remove _□ Change □ Add ☐ Remove _□ Change

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Effect	ive date, if other than the date	of filing: 3/21/2016		(optional)	2018 5.75
lf an eff	fective date is listed, the date must be sp If the date inserted in this block de	pecific and cannot be prior t	o date of filing or more	than 90 days after filing.	Pursuant to 605:0207
	nent's effective date on the Departr		ole statutory minig re	(n (5	D N Komman
				المن النا دران	
he red	cord specifies a delayed effer 90th day after the record i	ective date, but not	: an effective tim	e, at 12:01 a.mှ	on the earlier of
1116	s sour day arter the record i	s mea.		조현. 구구 전:	ω œ
Dated	March 21	2016			
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	Signa	<u> </u>	Fred representative of	o mombo	
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Filing Fee: \$25.00