

L16000074070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

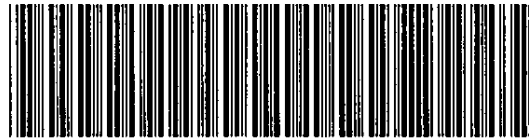
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

558

Office Use Only



400291446604

10/24/16--01012--026 **25.00

DIVISION OF CORPORATIONS

16 NOV 28 PM 12:05

FILED

O SIMMONS
DEC 01 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2016

MARJORIE COLE
PO BOX 1912
BONITA SPRINGS, FL 34133

SUBJECT: HYDRAMY SKIN NUTRITION, LLC
Ref. Number: L16000074070

RECEIVED
2016 NOV -9 AM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HYDRAMY SKIN NUTRITION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 516A00023076

Returned mailing

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HydraMy Skin Nutrition LLC DBA HydraMe Skin Nutrition
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:

Marjorie Cole

Name of Person

HydraMy Skin Nutrition LLC

Firm/Company

P.O. Box 1912

Address

Bonita Springs, FLORIDA 34133

City/State and Zip Code

MColeFlorida@gmail.com

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

For further information concerning this matter, please call:

Marjorie Cole

239 470.8958
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HydraMy Skin Nutrition LLC

(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 April 14, 2016 and assigned
Florida document number L16000074070.

This amendment is submitted to amend the following:

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

HydraMy Skin Nutrition LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 470621

Broadview Heights, OH 44147-2841

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:

CHARLES PIACENTE COLE

New Registered Office Address:

27400 Riverview Center Blvd. Suite 4

Enter Florida street address

Bonita Springs

Florida 34134

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

RECEIVED
2016 NOV 28 PM 5:37
TALLAHASSEE, FL
SECRETARY OF STATE

FILED
16 NOV 28 PM 12:06
DIVISION OF CORPORATE RECORDS

55

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>	<u>Address</u>	<u>Type of Action</u>
Secretary	Rebecca Malter	451 6th Ave. Brooklyn, NY 11215	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	Rebecca Malter	451 6th Ave. Brooklyn, NY 11215	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 MAY 28 PM 12:36
 DIVISION OF CLERK OF SUPREME COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 NOV 28 PM 12:06
DIVISION OF CORRECTIONS

DELETED

E. Effective date, if other than the date of filing: October 17th, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____.

Margaret Cole
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Marjorie Cole

Typed or printed name of signee