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DIVISION OF CORPURATIONS

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## **COVER LETTER**

TO: Registration Se Division of Cor		/	
SUBJECT:	AraMy SKin	Mutritica L. L. ( ited Liability Company	~) ~·
•	y value or this	ned manny company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	_John .	S. (0224	
	Hydra	Name of Person  Skin Nutri- Firm/Company	lion L.L.C.
	<u> 28130</u>	DOYENOOD CO.	urt # 205
	Bonita (	Address  Orings  City/State and Zip Code	34135
	E-mail address: (	FLOY DA CAM to be used for tuture annual report noti	Ail com
For further information co	oncerning this matter, please co	ill:	
John S. C	0 ZZ <del>X</del>	at (440), 465-	8525
Name of	i Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 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)
Registr Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssecF1, 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations rater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

$_{\prime}$ OF	
Hydra My Skin Nutrition L. L. C.  (Signe 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 $0.4/16/2016$ and assemed Florida document number $1.6000074070$ .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	ロニー
This amendment is submitted to amend the following:	T
Florida document number $\bot BDDDDTADDD$ This amendment is submitted to amend the following:  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," the designation "LLC" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Beatta Springs 7L 34135	3
Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX    28130   Developed Curt # 205   Bonita Springs, 7L 34135	
3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>iew</u>
Name of New Registered Agent:	
New Registered Office Address:	
Florida	
Cuy 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> bbA. □\_ \_□ Change \_\_□ Add \_□ Remove Change
Ch \_□ Remove \_\_\_\_\_ Change ☐ Remove ☐ Change ☐ Remove

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