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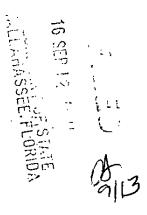
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se		**	•
.•	Division of Cor	porauons	*	
	The Skin S	uite, LLC	♣ .	
SUBJ	ECT:	Name of Lin	nited Liability Company	
		Name of Em	med stability company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Ashley M. Vargas		
			Name of Person	
		The Skin Suite, LLC		
			Firm/Company	
		3228 Tealwood Terrace		
			Address	
		Deltona / Fl 32725		
			City/State and Zip Code	
		Ashley M.Vargas@yahoo.c		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Ashley	y M. Vargas		386 848-0303 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
4		ne following amount:		
⊠ \$2	5.00 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**

The Skin Suite, LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on September 07, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Ashley M. Vargas	3228 Tealwood Terrace	
		Deltona FI, 32725	
		5010111, 52, 25	□ Remove
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		<u></u>	□ Remove
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fective date, if other than the date of filing a fective date is listed, the date must be specific a	and cannot be prior to	date of filing or more th	an 90 days after fili	ng.) Pursuant to 605.
te: If the date inserted in this block does no cument's effective date on the Department o		le statutory filing req	uirements, this da	ite will not be liste
record specifies a delayed effective The 90th day after the record is file	e date, but not and	an effective time	, at 12:01 a.m	n. on the earlie
September 7 ted	2016 	.·		
		NA		
ashly	<u>- M. Nau</u>	zed representative of a		

Page 3 of 3

Filing Fee: \$25.00