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AUG 23 2020 S. YOUNG

COVER LETTER

TO:

	gistration Sec vision of Corp			
arbir <i>o</i> n		EAUTY SPA, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are subt	nitted for filing.	•
Please retur	n all correspo	ndence concerning this matter	to the following:	
		FRANCIE MEDINA		
			Name of Person	`
		DERMA BEAUTY SPA, I	LLC	
			Firm/Company	
		1470 NW 107 AVE STE N	1	
		· · ·	Address	
		MIAMI FL 33172		
			City/State and Zip Code	
		FRANCIEMEDINA@HOT		
		E-mail address: ()	to be used for future annual report notification)	
For further	information c	oncerning this matter, please co	all:	•
FRANCIE	MEDINA		786 4546630	
	Name o	î Person	Area Code Daytime Teleph	one Number
Enclosed is	a check for th	ne 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)
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee,	Section Torporations 17	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street	ssee

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERMA BEAUTY SPA, LLC			
(Name of the Limited Liab (A Flori	ility Company as it now app da Limited Liability Company	cars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on [07/22/2016	and assigned .
Florida document number L16000141487	 ,		PH 4: 5
This amendment is submitted to amend the following:			<u>.</u>
A. If amending name, enter the new name of the lis	mited liability company	<u>herc</u> :	
The new name most be distinguishable and contain the words "Li	imited Liability Company," th	e designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)	_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, <u>enter the nar</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	. ————		
	Enter P	lorida street address	
	Cin	, Florida	Zip Code
	Ciţy		лір Сойе

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MEDINA, KAREN J	1470 NW 107 AVE STE M MIAMI, FL 33172	□Add
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