Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

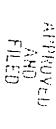
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 1ennmendoza@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLO BAR- ORGANIC FACIALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	: 04
Estimated Charge	\$25.00

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## **COVER LETTER**

H22000093193 3

TO: Registration S Division of Co			•
	R- ORGANIC FACIALS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YECENIA JENNY MENI	DOZA	
		Name of Person	
	GLO BAR- ORGANIC F	ACIALS LLC	
		Firm/Company	<del></del>
	7000 SW 62ND AVE, PH	-D	
		Address	
	MIAMI, FL 33143		
		City/State and Zip Code	
	JENNMENDOZA@AOL.	COM to be used for future annual report no	(Gartian)
For further information	concerning this matter, please of		aneadon
YECENIA J. MENDO.	ZA	818 220-3432	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the 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)
Malling Addre Registration		Street Address: Registration S	ection
——————————————————————————————————————	Corporations	Division of Co	prporations
P.O. Box 63		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	r □ 3∠314	7412 14' MIOHI	oo ancor anic are

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000093193 3

GLO BAR- ORGANIC FACIALS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000168652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company bere:	
SKINCARE818 BY JENNY, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	7000 SW 62ND AVE, PH-D	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33143	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name	of the new registered
		202 
Name of New Registered Agent:	<u></u>	3
New Registered Office Address:	Emer Florida street address	
		PA CONTRACTOR
	, Florida	21p Code
New Registered Agent's Signature, if changing Registered Agent:	•	200

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, 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>	Address	Type of Action
			DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
_ <del></del>			□Add
			□Remove
			□ Change
			□ Add
		<u></u>	
			Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the date of filing: MARCH 11, 2022 (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 605.0  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after to right of the filing	· · · · · · · · · · · · · · · · · · ·		
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	<del></del> -	Typed or printed name of signee	

Filing Fee: \$25.00