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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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03/15/18--01008--030 **25.00

S. WARREN MAR 1 6 2018

COVER LETTER

	Registration Sec Division of Corp			
•	•	CAA-11-02		
SUBJEC	CT:	SOOTHERO Name of Limit	ted Liability Company	
		Name of Land	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspor	idence concerning this matter t	to the following:	
		Garre H	Boo Ker Name of Person	
			Name of Person	
			Firm/Company	
		263 NE 51st	APT3 Address	
			Address	
		Miami, FL	33137 City/State and Zip Code	
			il e gmail com o be used for future annual r	
		E-mail address: (t	o be used for future annual r	eport notification)
For furth	er information co	ncerning this matter, please ca	11:	
Gar	rett Booke Name of	<u>c</u>	at ()	378 - 4426 Daytime Telephone Number
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

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

SOUTHEROMA L (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
NAEDIV SKIN, LLC				
The new name must be distinguishable and contain the words "Limited Liab	-			
Enter new principal offices address, if applicable:	7601 Dickens Ave			
(Principal office address MUST BE A STREET ADDRESS)				
	Miami Beach, FL 33141			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:			
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 Agent				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this decument is			
If Cha	anging 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>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
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_		Signature of a	member or auth	orized representative	of a member	SLOND MINY OF STATE TALLAHASSEE, FLORIDA	-20	
						<u>∽</u>	O1	1
				ted name of signee		ELL CO	~	17

Page 3 of 3

Filing Fee: \$25.00