## L17000067297

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(ке	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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**S Warren** MAR 2 9 2017

## COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	DERMALU	JX LLC		
SUBJECT	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspoi	ndence concerning this matter	to the following:	
		NIR ROZENBERG		
			Name of Person	
		DERMALUX LLC		
Firm/Company				
		6600 TAFT STREET, STE	304	
			Address	
		HOLLYWOOD, FLORID.	A 33024	
			City/State and Zip Code	
		NROZENBERG1@GMAIL		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca	all:	
NIR ROZ	ENBERG		954 646-3606 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s 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 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

DERMALUX LLC		
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L17000067297	Company were filed on MARCH 24, 2017	and assigned
This amendment is submitted to amend the following:	·····	
A. If amending name, enter the new name of the lin	nited liability company here:	
YONIBA LLC		
The new name must be distinguishable and contain the words "Liu	mited 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 ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I ar agent as provided for in Chapter 605, F.S. G red office address, I hereby confirm that the	n familiar with and Praif this document is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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five date, if other than the date of fective date is listed, the date must be spece. If the date inserted in this block does nent's effective date on the Departme	s not meet the applications	to date of filing or more	(optio than 90 days after the equirements, this	<b>nal)</b> filing.) Pursu date will no	uant to 605 ot be list
cord specifies a delayed effect e 90th day after the record is	tive date, but no filed.	t an effective tin	ne, at 12:01 a	.m. on th	ne earli
MONDAY MARCH 27	, 2017				
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Signatur	re of a member or autho	orized representative of	a member	Say II	-11
				1,000	
NIR ROZENBERG		·		(1) (-) (0)	1

Filing Fee: \$25.00