117000080190

| (F | Requestor's Name) |
|-------------------------|-------------------------|
| | Address) |
| | Address) |
| I(C | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | |
| | Business Entity Name) |
| (0 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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COVER LETTER

| | | Corporations | | | | |
|----------------|-----------------------------------|---|--|---|--|--|
| SUBJECT: | Quenc | h Ethnic Skin Solutions. LLC | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| The enclosed | d Article | s of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | n all con | espondence concerning this matter | to the following: | | | |
| | | Stacey Overton | | | | |
| Name of Person | | | | | | |
| | | Quench Ethnic Skin Soluti | ons, LLC | | | |
| | | | Firm/Company | | | |
| | | 8055 W. Leitner Dr. | | | | |
| | | | Address | · | | |
| | | Coral Springs, FL 33067 | | | | |
| | | | City/State and Zip Code | | | |
| | | quench@skincaretherapy.ne | | | | |
| | | E-mail address: (| to be used for future annual report no | otification) | | |
| For further i | nformati | ion concerning this matter, please ca | all: | | | |
| Stacey Overton | | | 954 461-3143 at () | | | |
| | Na | me of Person | Area Code Dayti | me Telephone Number | | |
| Enclosed is | a check | for the following amount: | | | | |
| ■ \$25.00 F | filing Fe | ce \$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) | | |
| | Re Di P.0 | ALLING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314 | STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C | orations Center Circle | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>154111, 57 th 151111.</u> | | any as it now annears on our records | <u> </u> |
|---|---------------------|---|--------------------------------|
| | (A Florida Limited | any as it now appears on our records. Liability Company) | , |
| The Articles of Organization for this Limited L Florida document number 1.17000080190 | iability Compan | y were filed on 4/10/2017 | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| ļ | _ | .: N | |
| A. If amending name, enter the new name o | i the limited ha | mity company nere: | |
| N/A The new name must be distinguishable and contain the w | vords "Limited Liah | ility Company " the designation "LLC" | or the abbreviation "L. I. C." |
| | | N/A | |
| Enter new principal offices address, if applic | | 10// | 7,0 |
| <u>(Principal office address MUST BE A STREE</u> | ET ADDRESS) | | |
| | | | 88 A |
| | | NIA | 26 |
| Enter new mailing address, if applicable: | | <u>N/A</u> | 34 - 30 C |
| (Mailing address MAY BE A POST OFFICE | BOX) | | 1 5 |
| | | | : 36 36 |
| \ | | | 75 |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | enter the name of the new |
| v. s aveni ancert lift liew fruidefill in | | | |
| registered agent and/or the new registered of | The Real ess ite | - | |
| Name of New Registered Agent: | N/A | | |
| Name of New Registered Agent: | N/A | | |
| | | Enter Florida street address | |
| Name of New Registered Agent: | N/A | Enter Florida street address | |
| Name of New Registered Agent: | N/A | | ida |
| Name of New Registered Agent: | N/A N/A | Enter Florida street address , Flor | |

If amending Authorized Person(s) authorized to manage, exter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>N</u>ame <u>Address</u> **Type of Action Title** Stacey Overton 8055 W. Leitner Dr Coral Springs, Ms. **■** Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change

| D. 1 | f amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| r i | iffective da | te, if other than the date of filing: | |
| 1) [| fan effective d <u>Note:</u> If the o | late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifter time date on the Department of State's records. | |
| If th (b) | e record s The 90th | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear day after the record is filed. | lier of: |
| Ī | 1/31/2 | 018 | |
| • | | Signature of a member or authorized representative of a member | |
| | Sta | acey Overton | |
| | | Typed or printed name of signee | |
| | | Page 3 of 3 | |

Filing Fee: \$25.00