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(Re	questor's Name)	
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## **COVER LETTER**

Division of Corporations	
Dermis Advanced Electrolysis SUBJECT:	Cosmetic LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Roza Christy	
Name of Person	
Dermis Advanced Electrolysis Cosmetic	LLC
Firm/Company	
2522 Lincoln Street Apt # 230	
Address	
Hollywood.FL 33020	
City/State and Zip Code	
rozychristy@yahoo.com	
E-mail address: (to be used for future annua	d report notification)
For further information concerning this matter, pl	lease call:
Roza Christy	954 639-2929 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

TO:

Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERMIS ADVANCED FLECTROLYSIS COSMETIL LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 17 JULY 24 2017 at	nd assigned
Florida document number <u>L1 7000   58 34  </u>		CEC -
This amendment is submitted to amend the following:		= -
A. If amending name, enter the new name of the limited liab	oility company here:	ф Д: )
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4415 HOLY WOOD PLYS HOLY WOOD   FL 83021	<b>D</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1512 LINCOLD ST A HOLLYWOOD, FL 330	PT# 230 020
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Code
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title <u>Name</u> <u>Address</u> □ Add ☐ Remove \_\_\_\_\_ Change \_\_□ Remove Change Remove \_\_\_ □ Change \_\_\_\_ □ Remove \_\_\_\_\_ Change ☐ Remove \_\_\_\_\_ Change \_□ Add ☐ Remove \_ 🔲 Change

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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or met. If the date inserted in this block does not meet the applicable statutory filing ament's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective the policy of the secord is filed.	ime, at 12:01 a.m. on the earlier
ed 06/12/2018	<del></del>
Signature of a member or authorized representative	of a member

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Filing Fee: \$25.00