L180000004442

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
Cybervich	L.I.C	•	•
SUBJECT:	Norma of Lim	ited Liability Company	<u>.</u>
	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael Petrovich		
		Name of Person	
	PanaceaSkn LLC		
		Firm/Company	
	19 Whispering Sands Dr.	• •	
			<u> </u>
	Sarasota, FL 34242	Address	
	Sarasota, PL 54242		
	michael a mateuriah@amai	City/State and Zip Code	
	michael.c.petrovich@gmai	to be used for future annual report not	(Fination)
			incation)
For further information c Michael Petrovich	oncerning this matter, please ea	all: 941 928-9895	
Wilefiae Fettovien			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	oction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2: 24

Cybervich LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _ L18000004442 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PanaceaSkn LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 19 Whispering Sands Dr. Enter new principal offices address, if applicable: Unit 905 (Principal office address MUST BE A STREET ADDRESS) Sarasota, FL 34242 19 Whispering Sands Dr. Enter new mailing address, if applicable: Unit 905 (Mailing address MAY BE A POST OFFICE BOX) Sarasota, FL 34242 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
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			□Remove
			□Change
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Filing Fee: \$25.00