

L18 00000 84014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

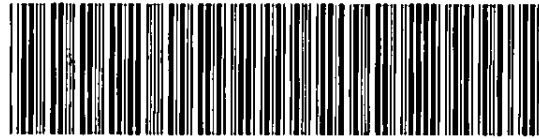
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2020 MAY -6 PM 3:56

ACUS
Amend
Name chg

MAY 06 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOGNO SKINCARE SALON LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY A. TRIMBOLI
Name of Person

SKIN AMORE SKINCARE STUDIO L.L.C
Firm/Company

482 JACKSONVILLE DR.
Address

JACKSONVILLE BEACH, FL 32250
City/State and Zip Code

SKINAMORESKINCARESTUDIO@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY A. TRIMBOLI at (904) 208-8718
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 MAR -6 PM 10:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2020

KIMBERLY A. TRIMBOLI
482 JACKSONVILLE DR
JACKSONVILLE BEACH, FL 32250

SUBJECT: SOGNO SKINCARE SALON LLC
Ref. Number: L18000084014

We have received your document for SOGNO SKINCARE SALON LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 820A00004899

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOGNO SKINCARE SALON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 MAY -6 PM 3:56

The Articles of Organization for this Limited Liability Company were filed on 04/03/2018 and assigned
Florida document number L18000084014.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SKIN AMORE SKINCARE STUDIO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
skincare

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

482 JACKSONVILLE DR

JACKSONVILLE BEACH, FL

32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

482 JACKSONVILLE DR

JACKSONVILLE BEACH, FL 32250

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:

N/A

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:

N/A

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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N/A

Case	Initial	Final	Change
1	10	20	Add
2	20	10	Remove
3	10	10	Change
4	20	20	Add
5	10	10	Remove
6	20	20	Change
7	10	10	Add
8	20	20	Remove
9	10	10	Change
10	20	20	Add
11	10	10	Remove
12	20	20	Change
13	10	10	Add
14	20	20	Remove
15	10	10	Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block is the date of filing, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Kerby A. Pilon
Signature of a member or authorized representative of a member

KimBERLY A. TRIMBOLI
Typed or printed name of signee