

218000087526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600317555436

08/27/18--01022--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 PM 12:30

N COOPFP

AUG 30 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GENSKIN 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:

EDGARD E CASTELLANOS

Name of Person

N/A

Firm/Company

1026 NW 2ND ST. APT 5

Address

MIAMI, FL 33128

City/State and Zip Code

edgard_castellanos@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGARD E CASTELLANOS

Name of Person

at (305) 607-7071

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

GENSKIN 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 APRIL 06, 2018 and assigned
Florida document number L18000087526.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

1026 NW 2ND ST. APT 5

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33128

Enter new mailing address, if applicable:

1026 NW 2ND ST. APT 5

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33128

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG 27 PM 12:30

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:

EDGARD E CASTELLANOS

New Registered Office Address:

1026 NW 2ND ST APT 5

Enter Florida street address

MIAMI

City

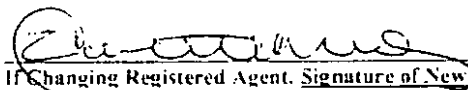
Florida

33128

Zip 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, 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JANETH E SOCA</u>	<u>4200 COMMUNITY DRIVE #305</u>	<input type="checkbox"/> Add
		<u>WEST PALM BEACH, FL 33409</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>EDGARD E CASTELLANOS</u>	<u>1026 NW 2ND ST APT 5</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33128</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG 27 PM 12:30

E. Effective date, if other than the date of filing: N/A (optional)

(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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated N/A / N/A

N/A

South Beach

Signature of a member

Janeth Soca

Signature of a member or authorized representative of a member

JANETH E SOCA

Typed or printed name of signee

SIGN HERE