

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___fabian.ruiz@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYSKINBUDDY LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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JAN 1 8 2023 D CUSHING

COVER LETTER

TO: Registration Se Division of Cor			
MYSKINB	UDDY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for tiling	
Please return ail correspo	ndence concerning this matter	to the following:	2022 JUL 14 PH SECRETARY OF TALLAHASSE
	Alexis Mason		TET.
		Name of Person	
	GrayRobinson, PA		SSF PA
		Firm/Company	3: 33 FLE
	333 S.E. 2nd Avenue, Suit	e 3200	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	alexis.mason@gray-robinso		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	alt:	
Alexis Mason		305 913-6775 at ()	
Name o	: Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
<u>Maiting Addres</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monroe	atianassee : Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

MYSKINBUDDY LLC

(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited l	iny as it now appears on ou Liability Company)	r records.)	ASSI Y OF	4
The Articles of Organization for this Limited L	iability Company the Limited Liabi	were filed on October 2 lity Company was conve	3, 2016 in Texas	and assignment	aned
Florida document number L18000270292 when	Liabi	lity Company on Novem	ber 19, 2018.	(1)	~
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designati	on "LLC" or the at	breviation "L.L	.C."
Enter new principal offices address, if applic	cable:	21 Willever Road			
(Principal office address MUST BE <u>A</u> STREI	ET ADDRESS)	Asbury NJ 08802			
Enter new mailing address, if applicable:		21 Willever Road			
(Mailing address MAY BE A POST OFFICE	BOX)	Asbury NJ 08802			
					 -
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records	, <u>enter the nan</u>	ie of the new	registered
Name of New Registered Agent:	Fabian Ruiz				
New Registered Office Address:	333 S.E. 2nd A	venue, Suite 3200			
registered office riddiess.		Enter Florida stre	et address		
	Miami		, Florida <u></u> 33	131	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

II 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>	Address	Type of Action
MGR	LOU BUCELLI	250 S OCEAN BLVD #263	🗀 Add
		DELRAY BEACH, Ft. 33483	■Remove
			Change
			□Add
			Remove
			Change
		□Add	
		□Remove	
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			CAdd
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			□Add
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			□ Change
			□Add
			□Remove
			□ Change

	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
	
 -	
-	
<u></u>	
	
Note: If the	te, if other than the date of filing:
record spec d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a m on the earlier of: (b) The 90th day after the
Dated	July 13, 2022
	ghada abuhakmah
	ghada abuhakmeh Signature of a member or authorized representative of a member
_	Ghada Abuhakmeh
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00