

L19000059130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

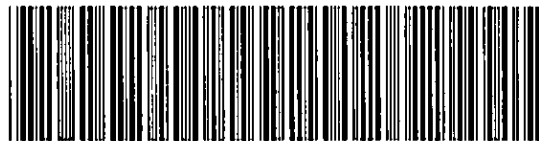
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300352470523

03/24/20--01003--017 \*\*23.00

SECRET  
TALLAHASSEE, FL

2020 SEP 24 PM 12:28

FBI

D. BRUCE  
NOV 01 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 561 BEAUTY UNLIMITED, 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:

CARMEN R. BONILLA

Name of Person

561 Beauty Unlimited

Firm/Company

714 N. Chippewa Cir

Address

Boynton Beach, FL 33436

City/State and Zip Code

561beautyunlimited@gmail.com

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

For further information concerning this matter, please call:

Carmen R. Bonilla

Name of Person

at (561) 260-0335

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

STATE OF FLORIDA  
TALLAHASSEE, FL

2020 SEP 24 PM 12:28

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

561 Beauty Unlimited, 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 02/28/2019 and assigned Florida document number L19000059130.

This amendment is submitted to amend the following:

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

Infinity Skin Medspa, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

4720 NW Boca Raton Blvd.

Suite D-105

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

714 N. Chippewa Cir

Boynton Beach, FL 33436

**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:

Carmen R. Bonilla

New Registered Office Address:

4720 NW Boca Raton Blvd, Suite D-105

Enter Florida street address

Boca Raton

City

Florida

33431

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.

Carmen R. Bonilla

If Changing Registered Agent, Signature of New Registered Agent

If anending 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 SEP 24 PM 12:09  
TALLAHASSEE, FL  
OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT

FILED

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

2020 SEP 29 11:02 AM  
RECEIVED  
ALLIANCE  
FL

2020 SEP 21 PM 12:28  
RECEIVED  
FALL ARIZONA

755

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 September 9<sup>th</sup>, 2020

Carmen Bonilla

Signature of a member or authorized representative of a member

CARMEN R. Bonilla

Typed or printed name of signee