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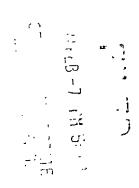
(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corpo	rations		
SUBJECT: Jack	CSONVILLE CO	rmouflage cente	2.Y
		imited Liability Company	,
The enclosed Articles of An	nendment and fee(s) are su	abmitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
	Ada I)iosa Sanchez G	arcia
		Name of Person	
		Firm/Company	
	1703 Jarro	and way lot 147	
	Sackson	vull FL 32221	
_	ada-dio	UILLE FL 32221 City/State and Zip Code rsa@ Hotmail. Con	\sim
		(to be used for future annual report notific	cation)
For further information conc	erning this matter, please	call:	
Ada Garc	ia	at (904) 713.	5882
Name of Pe	rson		Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fec [330.00 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)

TO:

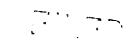
Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



T			!!!EB -7	PM St. 3
Jacksonville Can	nouflag	e Center a	L -6-C	
Jacksonville Can (Name of the Limited Lia (A Flo	bility Company a	s it now appears on our	records.)	TE
The Articles of Organization for this Limited Liabilit	y Company we	re filed on + \Z	3/2019	and assigned
Florida document number <u>L 190001834</u>	80		<u> </u>	
<u> </u>	<u></u> .			
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the	limited liability	company here:		
AG Skin and Body Stu				
The new name must be distinguishable and contain the words "	Limited Liability (Company," the designation	n "LLC" or the abbres	riation "L.L.C."
Enter new principal offices address, if applicable:		1221 Bayn		
(Principal office address MUST BE A STREET AD	DRESS)	Suite 1, 3	<u>acksonville</u>	P. FL
		32217	- <u>-</u>	
Enter new mailing address, if applicable:	Í	703 Sarra Jacksonuri	and way 1	7 (47
(Mailing address MAY BE A POST OFFICE BOX)		Tacksonuli	18 FL 37	7.71
	-		<u> </u>	
	_			
B. If amending the registered agent and/or registe	ered office add	race on our rooseds	antar the name of	: 4h.
agent and/or the new registered office address her	<u>e</u> :	ress on our records,	enter the name of	the new registered
Name of New Registered Agent:				
	221 Da	11 - 0 /	 _	
New Registered Office Address:	491 Da	4 MPadows Enter Florida street	Rd Suit	<u> 1</u>
	Sacksonu	City	_, Florida3 7	221+
		City	7	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Changa

		
	than the date of filing: 2/2/2022 (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	1107
Hote. If the date hiseried i	in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.	l as
e record specifies a delayed d is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	ihe
Dated $2/2/$,2022	
	Signature of a member or authorized representative of a member	
	o	
	Ada Diosa Sanchez Garcia Typed or printed name of signee	