## L19000184648

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(C)	JONAN FRANCISCO	- 40
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
(50	cument Number)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		,		
SUBJE	CT:	Skinfully Yours		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Anthony I	L. Yarand, Prince Z. Gobe	erdhan
			Name of Person	
		Skin	fully Yours, LLC	
			Firm/Company	
		10954	Sheldon Rd	
			Address	
		Tampa	ı, FL 33626	
		n	City/State and Zip Code	
		E-mail address: (	Loren@skinfullyyours.co to be used for future annual report noti	m fication)
For fur	ther information c	oncerning this matter, please co	all:	
Р	rince Z. Gob	erdhan	at ( 813 ) 321-933	3
	Name o	f Person		e Telephone Number
Enclose	ed is a check for the	ne following amount:		
<b>⊠</b> \$2:	5.00 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 S		Street Address: Registration Sec	ction
	Division of C		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Skinfully You		Zezü. — Ş	7: 4:2
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now rida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Florida document numberL1900184648	y Company were filed	on July 17, 2019	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability compa	any here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company	"the designation "LLC" o	r the abbreviation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street address	
		, Flori	da
<del></del>	City	,	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>	Address	Type of Action
MGRM	Prince Z. Goberdhan	2633 Milford Berry Ln	<b>S</b> Add
		Tampa, FL 33618	Remove
			□Change
			□Add
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
an effecti ote: If t	date, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	4 - 104
ated	April 04 , 2020
	X /ety)
	Signature of a member or authorized representative of a member
	Anthony L Yarand
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