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Office Use Only



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DAN 1 4 2020 C Kinsey

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	eautifull Ski	n 365 LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	Aug	JUSHNA Santi	2go
	Beautiful	SKIN 365 LLI Firm/Company	<u>C</u>
	20432 N	Address	
	-Miami	FC 33169 City/State and Zip Code	
	beautifuls E-mail address: (	to be used for future annual report noti	fication) COM
For further information co	oncerning this matter, please c	all:	
Argustina Name of	Santago	at (786) 899 Area Code Daytim	- 3012 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fec	☐ \$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 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

blautifull Skin 365, 1	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for Florida document number 1900241786	filed on $9 25 2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7019
Enter new mailing address, if applicable:	DEC - 9
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	. 0
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City New Registered Agent's Signature if sharping D	Zip Code

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

O

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

Title	<u>Name</u>	Address	Type of Action
AP	Victor D. Santiago	20432 NW 7th Ct	🗆 Add
		Miami, FL 33169	Kemove
			□Change
AP	Augustina Santiag	0 20432 NW 7th H	<b>X</b> Add
		Miami, FL 33169	
			Change
			□Add
			□Remove
			□Change
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# Page 2 of 3

D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if	other than the date of filing: (optional)
(It an effective date is	listed, the date must be specific and cannot be prior to date of filing or more than 90 days and a still be
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ve date on the Department of State's records.
If the record speci	fies 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.
David NOWE	<u> 29 , 2019</u>
Dated 1 VOIC	$\frac{200}{2}$ .
	Signature of a member or authorized representative of a member
	Augustus Salatage
	Typed or printed named of signee