L19000269159

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COVER LETTER

TO:

TO: Registration Division of C				
PURE SI SUBJECT:	KIN FORMULAE, LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	LESLIE S TAYLOR			
	—· — ··	Name of Person		
	PURE SKIN FORMULAE	LLC	~ 1	
	*** · · · ·	Firm Company		
	PO Box 3062		2621 JUH - 7	
		Address	- , e+cs	
	Ponte Vedra Beach, Fl. 320	0)()4	- THE C	
	into@NEWDAYSOAP.com			
	E-mail address: (t	o be used for future annual report notific	ration)	
For further miormation	concerning this matter, please ea	ill:		
LESLIE S TAYLOR		904 646-8072 at ()		
Name	r of Person		Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Sect	ion	
Registration Section Division of Corporations		Division of Corpo		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florada Lu	Company as it now appears on our records, mited Erability Company)	,)
The Articles of Organization for this Limited Liability Con	npany were filed on Oct. 28, 2019	and assigned
lorida document number L19000269159		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	I liability company here:	
REW DAY SOAP, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	219 Canal Blvd	
Principal office address MUST BE A STREET ADDRES	SS) Ponte Vedra Beach, FL 32082	= = =
		en mage in the factor in
	PO Box 3062	70 111
Inter new mailing address, if applicable:	Ponte Vedra Beach, FL 32004	- 1-1
Mailing address MAY BE A POST OFFICE BOX)	Tonic Search Detection 12, 2300	
 If amending the registered agent and/or registered ogent and/or the new registered office address here: 	ffice address on our records, <u>enter t</u>	he name of the new reg
Name of New Registered Agent: Same		
New Registered Office Address:	Futer Planda street whitness	
		rida

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

<u>Name</u>	Address	Type of Action
Same		^Add
		□Remove
		I7Change
		DRemove
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		C)Change
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	<u></u>	TRemove
		U(hange
		CAdd
		Remove
	Same	Same

Typed or printed name of signee