L19000287368

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C. GOLDEN SEP 2 4 2020

CAPITAL	CONNE	CTION,	INC.
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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

/IAMI SKINCARE LLC

Art of Inc. File_____

_ LTD Partnership File_____

____ Foreign Corp. File_____

____ L.C. File_____

Fictitious Name	File
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Trade/Service Mark_____

____ Merger File_____

Att. of Amend. File_____

RA Resignation_____

Dissolution / Withdrawal_____

____ Annual Report / Reinstatement_____

____ Cert. Copy_____

____ Рного Сору_____

____ Certificate of Good Standing_____

_ Certificate of Status_____

Certificate of Fictitious Name_____

___ Corp Record Search_____

Officer Search_____

Fictitious Search_____

____ Fictitious Owner Search_____

_____Vehicle Search______

____ Driving Record______

____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

____ UCC 11 Retrieval_____

____ Courier_____

Signature
Requested by: Seth
09/22/20
Name
Date
Time
Walk-In
Will Pick Up

na - Thom usyde GA 8/00

COVER LETTER

TO: Registration Section Division of Corporations

MIAMI SKINCARE LLC SUBJECT:

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:

Rachel Farkas, Esq.

Name of Person

Becker & Poliakoff, P.A.

Firm/Company

1 E. Broward Blvd., Suite 1800

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

acohen@beckerlawyers.com

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

For further information concerning this matter, please call:

Rachel Farkas

Name of Person

954 985-4173 at (_____) Area Code Davtime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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 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

MIAMI SKINCARE LLC	r br op sir (: 10
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000287368</u>	rere filed on 11/19/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST_BE A STREET ADDRESS)	Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

Citv

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Brand Bolt LLC	401 E. Las Olas Blvd.	🖬 Add
		130-250	
		Fort Lauderdale, FL 33301	□Change
MGR	Jonathon Cole	401 E. Las Olas Blvd.	
		130-250	
		Fort Lauderdale, FL 33301	
MGR	Peter Kell	3422 OLD CAPITOL TRAIL	_
		PMB 513	■Remove
		WILMINGTON, DE 19808	
			_
	·····		
			Change
	·		🗋 Add
			🗆 Remove
			DChange

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D. If amending any 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) (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 22	2020	
		1-1-1-2
	Signature of a member or authorized	representative of a member

Rachel Farkas, Esq.

Typed or printed name of signee