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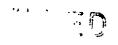
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COVER LETTER

TO:

TO: Registration S Division of Co	rporations		
S	an Madraus		
SUBJECT:	Gn Medique Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	<u> </u>	ng Lyonnais Name of Person	
		Kin Medicice Firm/Company	
		Firm/Company	
	1104 Superior	Court	
		SFL 32708 City/State and Zip Code	
	YANALYONNA F-mail address:	AIS (O) Simail. (Dr to be used for future annual report	notification)
For further information	concerning this matter, please of		nomination,
t	•		
Jana Lyc	onnous	at (<u>40</u> 7) 4 Area Code Da	216312
Name (of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre Registration		<u>Street Addres</u> Registration	
Division of (Corporations	Division of	Corporations
P.O. Box 632 Tallahassee,			of Tallahassee nroe Street, Suite 810
i ananassee,	1 W J4J17	Tallahassee,	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Skin Medique L	LC		-5 PH 3: 10
(Name of the Limited Liability Compa (A Florida Limited	any as it now appe Liability Company)	ars on our records.)	· .
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 32888</u> .	were filed on _	1/27/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company l	nere:	
The new name must be distinguishable and contain the words "Limited Liabi		•	
Enter new principal offices address, if applicable:	j468	Tuscawilla Ro	1
(Principal office address MUST BE A STREET ADDRESS)	<u>Winter</u> Scote	Tuscawilla Rc. Springs, FL 11	- 32708
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the name</u>	of the new register
New Registered Office Address:	Enter Flo	orida str ee t address	
		, Florida	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Lyonnais	1104 Superior Court	\\ Add
	Dog	1104 Superior Court Winter Springs, FL 3270	<u> </u>
			□Add
			□Remove
			Change
			\ \ \ \ Add
			□Remove
			□ Change
		□Add	
			□Remove
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ELONG .	
(If an efi Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	03/2/2020
	y homest
	Signature of a member or authorized representative of a member
	Jana Lyonnais Typed or printed name of signee
	Julia Chouling