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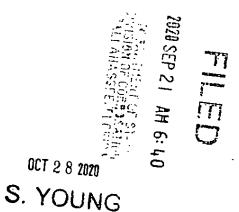
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COVER LETTER

то:	Registration Se Division of Cor						
CHDIE	Aqualina S	kịn Care LL.C	*				
SUBJECT: Name of Limited Liability Company							
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Seyhun Ramazanov					
			Name of Person				
Firm/Company							
		4000 E. Hibiscus st					
		<u></u>	Address	· · · · · · · · · · · · · · · · · · ·			
		Weston, FL 33332					
		seyhun.ramazanov@gmail.c					
For furth	her information c	E-mail address: (concerning this matter, please ea	to be used for future annual report no all:	stification)			
Seyhun Ramazanov		954 682-1975					
Name of Person		at () Area Code Dayti	me Telephone Number				
Enclosed	d is a check for the	he 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 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aqualina Skin Care LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02 10 2020
Florida document number L20000051537	
This amendment is submitted to amend the following:	A 6:40
A. If amending name, enter the new name of the limited liab	-
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11850 West State Road 84, Suite 1A
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33325
Enter new mailing address, if applicable:	11850 West State Road 84, Suite 4A
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33325
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address 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
	. 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 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
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			⊡Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Chønge
			□Add
			□Remove
			□Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 (3xb) 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. Signature of a member or authorized representative of a member Gunay Ramazanova Typed or printed name of signee

Filing Fee: \$25.00