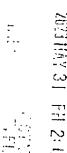
L20000058421

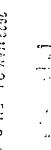
(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900403531479







May 12, 2023

ASHLEY ANDERSON/JACQUELINE SARGENT SKIN DEEP HOLDINGS 3363 TAMIAMI TRAIL N NAPLES, FL 34103 US

SUBJECT: SKIN DEEP HOLDINGS, LLC

Ref. Number: L20000058421

We have received your document for SKIN DEEP HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 023A00010810

MAY 5 1 2023

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: SKIL Delp +	loldings (CC ted Liability Company)
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Asiliey And	Clerscal Jacqueline Sargent
- Skind	LEP HOLDINGS Firm/Company
3363 Ta	amlami Trail N Address
Naples F	City/State and Zip Code
CISHICU (C) S E-mail dddress: (to	SKINDEPHOPICS. COM o be used for future annual report notification)
For further information concerning this matter, please ca	II:
ASMICY ANCICISM Name of Person	at (239) 200-500 /239 - 963-6822 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{ Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810. Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skin De	ep Holding	UC		
(Name of the Lim	nited Unability Company as it now ap (A Florida Limited Liability Compa	ny)		
The Articles of Organization for this Limited 1 Florida document number <u>L20000</u>	Liability Company were filed or 058421	12/26/20	_ and assig	ned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability compan	y here:		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbre	eviation "L.L.(<u>C."</u>
Enter new principal offices address, if appli	icable:		262	
(Principal office address MUST BE A STRE	ET ADDRESS)	(-` <u></u>	<u> </u>	, ,,,,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or	registered office address on o	ur records enter the name	of the new i	
agent and/or the new registered office addr		/	<u>n the new 1</u>	egistered
Name of New Registered Agent:	Anley Anderson	H Jacqueline	Sarç	jen t
New Registered Office Address:	5303 Enter	[AM] AM YA Florida street address	<u> </u>	
	Napks	, Florida <u>3</u>	4103 Zip Code	
Now Designated Agent's Signature if the univer-	Danistanad At.			

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.

H 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>	Name	Address	Type of Action
MGR	Asiliey Anderson		□Add
	-		□Remove
			□Change
MEIR	Jucqueline Sargent		□Add
			□Remove
			□Change
			Add Remove
			☐ Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ 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 (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.