L200000 77377

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	Steroid Cost	metics LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Asteroic 7901 4 St. Pete	Name of Person Name of Person Cosmetics LL Firm/Company The St N STE Address Crsburg FL 3 City/Stavand Zip Code batteries 5555 (at to be used for future annual report notion	1 <u>C</u> 4000 3702
• .	oncerning this matter, please c		
Mr. Youssef	Ajjawi	at (909) 655 ~	8870
Name of Enclosed is a check for the \$25.00 Filing Fee		Area Code Daytim Daytim	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asteroid Cosmetics LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000077377</u> .	were filed on $03/09/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Asteroid Skincare LLC	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LEC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	29 AFF AFF AFF AFF AFF AFF AFF AFF AFF AF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida _

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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