## 130000088198

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SECRETARY OF STATE

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## **COVER LETTER**

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TO: Registration Se Division of Cor			
	S GLOW SKIN CARE, LLC		
SUBJECT:	Name of Lim	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:	
	PATRINA K PERRIN		
		Name of Person	
	LUSCIOUS GLOW SKIN	CARE, LLC	
		Firm/Company	
	1801 POLK ST UNIT 222	625	
		Address	
	HOLLYWOOD, FL 33022	!	
		City/State and Zip Code	
	E-mail address: (	@YAHOO.COM to be used for future annual report no	otification)
For further information of	oncerning this matter, please c	•	
PATRINA K PERRIN		786 617-4653	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed 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)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUSCIOUS GLOW SKIN CARE, LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000088198	were filed on 03/24/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ZYZVEN NATURALS FLORIDA, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022) SEGG
		ARY ARY
Enter new mailing address, if applicable:		<u> </u>
(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:  New Registered Office Address:	address on our record:  Enter Florida stre	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	r performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
	·		□ Add
			□Remove
			□Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not m	eet the applica	able statutory	or more than 90 filing requirem	(optional) days after filing ents, this date	.) Pursuant to 605. will not be liste	0207 ( d as t
record specifies a delayed effective d is filed.	date, but not a	an effective ti	me, at 12:01 a	.m. on the earl	er of: (b) Th	ne 90th day after	the
Dated NOVEMBER 14th,	,	2022					
P. Peri	in						

Filing Fee: \$25.00