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(Address)
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SECRETARY OF SEC.



COVER LETTER

то:	Registration Sect Division of Corpo			
41 1 1 Th P. F.	\Com	ikin care bu	TONG LLC	
SUBJE	ССТ:	Name of Limit	1010, LLC red Liability Company	
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	dence concerning this matter to	o the following:	
		Tova P	alomino	
			Name of Person	
		Skincar	e by Tova, L Firm/Company	LC
		17325 NW	2712 AVE SU	ile # 207
		Miami ba	rdens, fl 331)5G
			City/State and Zip Code	
		Skincare b	OY TOVA @ gma	il.com
		E-mail address: (to	o be used for future annual report not	incation)
For fur	ther information cor	ncerning this matter, please ca	11:	
To	va Palor	nin O	at (954) 2 63 Area Code Daytim	- 732)
	Name of 1	Cison	Alea Code Dayoni	e reteptone (vunder
Enclose	ed is a check for the	following amount:		
5 0 \$2	5.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Skin care by Tova, LL 2020 MAY 11 PM 1:49

(Name of the Limited Liability Company as it now appears of our records Y OF STA

(A Florida Lin	nited Liability Company)	TALLAMASSEE, FIJURE &
The Articles of Organization for this Limited Liability Comp	pany were filed on Af	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	G., adduses on ann no.	ands antom the name of the name was inter-
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	nce address on our rec	cords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office / Idaress.	Enter Florid	la street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>	
I hereby accept the appointment as registered agent and	agree to act in this co	ipacity. I further agree to comply with i

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>		Type of Action
AMBR	Toya M Palomino	575% NW 11976 tavale Corai Springs, fl 33076	🗆 Add
			_ □Remove
			Change
			□Add
		-	□Remove
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			Change

Page 2 of 3

	
(If an Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	May 5th 2020.
	$\mathcal{O}(1/2000)$
	Waldeller -
	Signature of a member or authorized representative of a member