## L20000120879

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## COVER LETTER

TO: Registration So Division of Cor			· · · · · · · · · · · · · · · · · · ·	
Facialholic	s LLC			
SUBJECT:	Name of Lin	nited 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:		
	Daisy Good			
		Name of Person		
		Firm/Company		
	3423 Rosemary St			
		Address		
	Jacksonville Florida 32201	7		
		City/State and Zip Code		
	jorddi1986@gmail.com	to be used for future annual report not	itication)	
For further information c	concerning this matter, please c	•	,	
Daisy Good		904 377-6972		
Nате с	of Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ection	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Facialholies LLC

2022 MAR 28 AM 7: 15

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on ou Liability Company)	ETECOTOS) OCUMETARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I  The Articles of Organization for this Limited Liability Company	were filed on	0 IALLAHASSEE, FL and assigned
Florida document number L20000120879		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Daisy's Skin Transformation LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Daisy's Skin Transform	nation
(Principal office uddress MUST BE A STREET ADDRESS)	1936 San Marco Blvd	
Jacksonville, FL. 32207  er new mailing address, if applicable:  2043 Dunsford Terrace Unit 3	7	
	2043 Dunsford Terrace	· Unit 3
	Jacksonville Fl 32207	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Pt 52207	
B. If amending the registered agent and/or registered office 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:	Enter Florida stree	et address
		Elizabeta
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 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:

or removed i	tom our records.		
MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Rепюче
			□Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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□Remove

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Tecfive date, if other than the one effective date is listed, the date must de: If the date inserted in this blocument's effective date on the De	ck does not meet the applicabl	late of filing or more than see statutory filing require	(optional) O days after filing.) Pursuant to 605, ements, this date will not be listed	.020 ed a
record specifies a delayed he 90th day after the reco		n effective time, a	: 12:01 a.m. on the earlie	er (
ed Mach 22	2022			
6				
( <u> </u>	MURY MOOCK			
<u></u>	Signature of a member or authorize	ed representative of a men	ber	

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Filing Fee: \$25.00