Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 20 Email Address:_ ထွဲ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALORIE ESCALANTE SKINCARE LLC Certificate of Status 0 1 Certified Copy 06 Page Count Y SULKER \$55.00 Estimated Charge SEP 3 6 2020

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COVER LETTER

10: Registration Se Division of Cor				
	ESCALANTE SKINCARE LLO			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing		
Please return all correspo	ndence concerning this matter to	the following:		
	Cheyenne Moseley			
	And the same of th	Name of Person		
	Legalzoom com, Inc.			
		Firm Company		
	Address			
	Glendale, CA 91203			. ;
		City/State and Zip Code	,	29 P. S. C.
	valorie escalante@gmail.com E-mail address. (to be used for future annual report notification)			13 - 2
	E-mail address. (to	be used for future annual report not	(ICAGOII)	29 GS = 17.4
For further information of	concerning this matter, please cal	lŀ		
Cheyenne Moseley		800 773-0888 at ()	_	OF STAIL
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy haddinoud copy is enclo	
MAILING ADDRESS:		STREET/COUR	IER ADDRESS:	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

VALORIE ESCALANTE SKINCARE			
(Name of the Limited I (A l	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number 1.20000167756	ility Company were filed on 06/17/2020	and assigned	
This amendment is submitted to amend the following	ing;		
A. If amending name, enter the new name of th	e limited liability company here:		
Sagrada Skin Care and Wellness LLC			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:		20 1.70	
(Mailing address MAY BE A POST OFFICE BO)\()	い い っ っ っ っ っ っ っ っ っ っ っ っ っ っ っ っ っ っ	
		70 C C C C C C C C C C C C C C C C C C C	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, e <u>address here</u> :	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
		Zip Cock	
	· · · · · · · · · · · · · · · · · · ·		

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.

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		
			O Add		
			☐ Remove		
			Change		
			D Add		
			☐ Remove		
			Change		
			□ Add		
			☐ Remove		
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Typed or printed name of signee

Filing Fee: \$25.00