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### **COVER LETTER**

	legistration Section Pivision of Corpora			
SUBJECT	r: <u>Harieline</u>	Pure Glow Name of Lim	Skincare LLC.	
The enclos	sed Articles of Amer	ndment and fee(s) are sub	omitted for filing.	
Please retu	ırn all corresponden	ce concerning this matter	to the following:	
	_		Harifune FAust	N
		MARIELINE F	Firm/Company	ce LLC
	<u> </u>	5148 Aurora	Lake Circle. Address	
	( <del>-</del>	PREEMACYE Munique E-mail address:	City/State and Zip Code  Cosmitics Dyale  to be used for future annual report/notif	100- Cryn
For further	r information concer	ning this matter, please c	all:	
	Marie(11) Name of Perso	e Faustin	at (54) 473 - Area Code Daytime	1776 December 22, 2000 Telephone Number
Enclosed is	s a check for the foll	owing amount:		
□ <b>\$</b> 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)

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 OF

Marieline Unique (Name of the Limited Liab (A Flor	105 M bility Compan rida Limited L	elics LL( ay as it now appears on iability Company)	2020 DEC 29 PA	1 3: 11 STATE 5. FI
The Articles of Organization for this Limited Liability Florida document number 1200017507	y Company			and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li  ARICINE TURE (TO2)  The new name must be distinguishable and contain the words "L  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD	5 Kry Limited Liabili	ty Company," the design	WRa Lake (	ı
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		ddress on our reco	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:  New Registered Office Address:	5148	JariEline Turora La Enter Florida s	Faustin Ke Circle	
$\leftarrow$	Green	acres City	, Florida	33463 Zip Code

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>	<u>Name</u>	Address	Type of Action
Mner/CFO	Maeiline Faustin	Marieline Faustin	Ø Add
•		Greenacres Fl 33463	□Remove
		Greenacres Fl 33463	□Change
			□Add
			□Remove
			□Change
-			□Add
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			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: Dec 22, 2120 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Dec. 3.3. , 2020.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00