## LZ0000277Z03

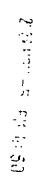
(Re	questor's Name)	
(Address)		
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration Se Division of Cor		مصر را	•
CHEN IN	ст	NU, LLC		t.
SUBJE	CI:		ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
			Victoria Evelyn	
			Name of Person	
			INU, LLC	,
		1	Firm/Company	
			8431 Bluestem CT	
			Address	_; 
		j	acksonville, Fl 32244	
			City/State and Zip Code	(S)
			elavalley@gmail.com to be used for future annual report noti	•
For furtl	her information c	oncerning this matter, please c		nearony
Victoria Evelyn  Name of Person		at ( 904 ) 420-8319 Area Code Daytim	e Telephone Number	
	rame o	. 1 630.11	, are code is a summer	
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	S \$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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	rporations	
	P.O. Box 632 Tallahassee, I		The Centre of 7	Callahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I, LLC		<del></del>
(Name of the Limited Liability (A Florida)	y Company as it now appears Limited Liability Company)	on our records.)	
e Articles of Organization for this Limited Liability Co	ompany were filed on	09/04/2020	and assigned
orida document numberL20000277203	<sup>1</sup>		
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The Chocolate Skincare Factory, LLC			
e new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	N/A	12	
Principal office address MUST BE A STREET ADDRESS	ESS)		
		· · · · · · · · · · · · · · · · · · ·	: 
			י י
nter new mailing address, if applicable:	N/A	· .	
(ailing address MAY BE A POST OFFICE BOX)			·· <del>/</del> }
If amending the registered agent and/or registered	office address on our re	cords, enter the name	of the new reg
ent and/or the new registered office address here:			
Name of New Registered Agent: N/A	···		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Flori	ida street address	
	Enter Flori City	ida street address, Florida	Zip Code

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	<u>Address</u>	Type of Action
N/A		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			□Change
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		<del></del>	□ Add
			□Remove
			□ Change
		<del></del>	
			☐ Change
			□Remove
			Change

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
The only purpose of this ammendmen	——————————————————————————————————————
INU, LLC to The Chocolate Skincare F	-actory, LLC
,	
	7.9
	<u> </u>
	- · · · · · · · · · · · · · · · · · · ·
	<u></u>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)( ing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective by The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of:
Dated	
Signature of a member or authorized representative	e of a member
Victoria Evelyn	
Typed or printed name of signee	

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