L2000C31C515

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
,
r
Special Instructions to Filing Officer:
[
}

Office Use Only



700355691627

11/30/20--01019--020 ++80.00

S. YOUNG

MM 12 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Optimum Skm Care LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jill Kourd Name of Person
Optimum Skin Care LLC
Tlele Tarry Town Trail
Port Orange FL 32127 City/State and Zip Code Info @ my ortimum Skin Care. Com E-mail address: (to be used for future annual report notification)
Info 60 My optimum Skin Cave. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Till Koury at (386) 341-2398 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$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, 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

Optimum Skin	Care LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000310815</u>		and assigned.
This amendment is submitted to amend the following:		û ()
A. If amending name, enter the new name of the limited liah	ility company here:	9
The new name must be distinguishable and contain the words "Limited Liabi	Ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TN/A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	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 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>	<u>Address</u>	Type of Action
<u>Ambr</u>	JIII Koury	766 Tarry Town Tra Port Orange, FL 3	DAdd Remove
			C-Chang e
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chanaa

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Fust Changing the word Skin Care to be one word Skincare
	Also adding Ambr to LLC
	JIII Koury 766 Tarry Town Trail Port Orange, FL 32127
If an effective Note: If th	ate, if other than the date of filing:
ie record spo ord is tiled.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 20. 2020.
	Signature of a member or authorized representative of a member Typed or printed name of signee
	Typed or printed name of signee

DW E . 635.00