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## COVER LETTER

: Registration Section Division of Corporati	ions		
BJECT: PUYE J	Name of Limited	Lathes LLC. Liability Company	<u> </u>
ne enclosed Articles of Amer			
lease return an correspondent	e concerning		
-	Jay Walker	Name of Person	
<u>:</u> -	Pure Joy Skin	Firm/Company	<del></del>
<u> </u>	5345 James S	Address	
-		NEU FL. 34652 City/State and Zip Code	
-	DIVERDUSKINGE E-mail address: (to	be used for future annual report notific	cation)
For further information conce	erning this matter, please cal	11:	
Dy Wall Name of Pe	K&V	813 , 363	Telephone Number
Enclosed is a check for the for the formula \$25.00 Filing Fee	ollowing amount: \$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 Sec Division of Cor P.O. Box 6327 Tallahassee, FL	<del>p</del> orations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUVE TOU SKIN  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)  ability Company)
Name of the Limited Liability Compan (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for the Organ	were filed on DADER 30, 2020 and assigned T
This amendment is submitted to amend the following:	lity company here:
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distributed and contain an object to the new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5258 State Rd. 54 New Port Richey, FL. 34652
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5345 James St. New Port Richey, FL. 34652
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 street address
	, Florida
Desistant Apont	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.

umending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being accepremoved from our records:

GR =	Manager	
MBR =	Authorized	Member

ивк – Ас <u>tle</u>	ithorized Member  Name	Address	Type of Action
<u>tic</u>			
			Remove
			Change
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). If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an cl Note:	live date, if other than the date of filing: August 23, 2021 12:01@(optional)  Rective 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 (3)(to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco	rd 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 iled.
Dated	Joy Wilker  Signature of a member or authorized representative of a member
	Jack Uholken
	Signature of a member or authorized representative of a member
	Joy Walker Typed or printed name of signer