## L210000005438

(Re	equestor's Name)	
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(/ 100	(d. C. S. S. )	
(Cit	y/State/Zip/Phone #)	
☐ PICK-UP	MAIT	MAIL
(Ru	siness Entity Name)	
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Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: AUTOI	aee Skin LLC		
SUBSECT: 1 Vov	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rudie Brantl	ey	
	<del></del>	Name of Person	
	<del></del> -'	Firm/Company	<del> </del>
	052 11 12000	. ,	
	853 Wymore	Road AFT 101	
	Altamonte Sp	Prings, FL 32711 City/State and Zip Code	4
	Zenzaraybus E-mail address: (	inessegmal. Co	ication)
For further information c	oncerning this matter, please ca	all:	
Rudie Bran	rley	at ( <u>40†</u> ) 995 - Area Code Daytime	4867
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED 2024 OCT 15 AM ID: LC

		71110-46
Auroraee Skin LL	.C	TATE VERY
(Name of the Limited Liability Compa- (A Florida Limited	any as it now appears on o	ur records. AHASSEE. FLORIDA
(A riorua Dilinea	maunity Company)	····OA
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
lorida document number <u>L2100005438</u> .		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
Zenzaray LLC		
Zenzaray LLC he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
-fincipal office address MOST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del>=</del>	
3. If amending the registered agent and/or registered office	address on our record	s, enter the name of the new registers
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	, Florida 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
		** ** ***	□ Add
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ective date, if other the effective date is listed, the term of the date inserted in the entry of the date of the	n this block does	ne and cannot to s not meet the	e applicable s	e of thing or me		after filing.)		
cord specifies a delayed s filed.	effective date, b	ut not an effe	ctive time, a	t 12:01 a.m. c	n the earlier o	f: (b) The	90th day	after th
ed October	- gtn	<del></del>	) <u>24</u> .					
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