## 171000054128

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| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
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| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| ·                       | ·                 |           |
| Certified Copies        | Certificates      | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
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## COVER LETTER

| TO: Registration So<br>Division of Cor |  |   |   |     |
|--|--|---|---|-----|
|  | RITY, LLC  |   |   |     |
| SUBJECT:                               | Name of Lin  | ited Liabifity Company  |   |     |
| The analogue Assistance                | ·  | andreas & Compatibility   |   |     |
|  | Amendment and fee(s) are sub<br>ondence concerning this matter | _   |   |     |
| riease return an correspo              | ondence concerning this matter                                 | to the following:   |   |     |
|  | RONALD MARTIN SZA  | MA  |   |     |
|  |  | Name of Person  |   |     |
|  | •  |   |   |     |
|  |  | Firm/Company  |   |     |
|  | 3191 CORAL WAY #404  | A   |   |     |
|  |  | Address   |   |     |
|  | MIAMI, FL 33145  |   |   |     |
|  | A470 (A44/2A40 (20)4   | City/State and Zip Code   |   |     |
|  | MZSAMA@ME.COM  5-mail address: (                               | to be used for future annual report notif                           | lication)   | (D  |
| For further information of             | concerning this matter, please c                               | all:  | -   |     |
| RONALD MARTIN SZ                       | AMA  | 305 319-1071  |   | • _ |
| Name o                                 | of Person  | at ()<br>Area Code Daytime  |   | -7  |
|  |  |   | À II: 2!  | j   |
| Enclosed is a check for t              | he following amount:   |   | : 21  |     |
| ■ \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) | ٠   |
| <u>Mailing Addres</u><br>Registration  | <u>ss:</u><br>Section  | <u>Street Address:</u><br>Registration Sec                          | etion.  |     |
| Division of C                          | Corporations   | Division of Cor   | porations   |     |
| P.O. Box 632                           | ) /  | The Centre of T   | allahassee  |     |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| SKINTEGRITY, LLC  |  |                              |
|---|--|------------------------------|
| (Name of the Limited Liability C<br>(A Florida Lit  | ompany as it now appears on our records inted Liability Company) | <u>.</u> )                   |
| The Articles of Organization for this Limited Liability Com   | pany were filed on 01/29/2021                                    | and assigned                 |
| Florida document number L21000054128  |  |                              |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited  | l liability company here:  |                              |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the designation "LLC"                        | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                              |
| <u>(Principal office address MUST BE A STREET ADDRES</u>  | <u> </u>   |                              |
|   |  |                              |
| Enter new mailing address, if applicable:   |  | <b>(D)</b>                   |
| (Mailing address MAY BE A POST OFFICE BON)  |  |                              |
|   |  | ,                            |
| B. If amending the registered agent and/or registered of  |  |                              |
| B. It amending the registered agent and/or registered of agent and/or the new registered office address here: | nice address on our records, enter i                             |                              |
|   |  | 24                           |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  |  |                              |
|   | Enter Florida street address                                     |                              |
|   | Flo  | rida                         |
| New Registered Agent's Signature, if changing Registered A  | Ċity   | 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> | <u>Name</u>          | Address                    | Type of Action                        |
|--------------|----------------------|----------------------------|---------------------------------------|
| AMBR         | RONALD MARTIN SZAMA  | 3191 CORAL WAY #404A       | □Add                                  |
|              |                      | MIAMI, FL 33145            | Remove                                |
|              |                      |                            | □Change                               |
| MGR          | RONALD MARTIN SZAMA  | 3191 CORAL WAY #404A       | ■Add                                  |
|              |                      | MIAMI, FL 33145            | □Remove                               |
|              |                      |                            | □Change                               |
| MGR          | NICOLAS FRANCISQUELO | 5837 DAWSON STREET SUITE B | <b>=</b> Add                          |
|              |                      | HOLLYWOOD, FL 33023        | . Петоче                              |
|              |                      |                            | ([]<br>⊡Change                        |
| MGR          | ESTEBAN VIEGENER     | 3191 CORAL WAY #404A       | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
|              |                      | MIAMI, FL 33145            | > 7                                   |
|              |                      |                            | Remove.  N □ Change                   |
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| Effective date, if other than the date of filing: \( \frac{06/29/2021}{20} \) (aptional)  Fan effective date, if other than the date of filing: \( \frac{06/29/2021}{20} \) (aptional)  Fan 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 605.02  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.  Trecord 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 distribution of the filed.  Signature of a number of a number of the filed of the filed.  Typed or printed/name of signee.   |  |   | _          |
|--|--|---|------------|
| ffective date, if other than the date of filing:  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 605.02 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.  The 90th day after the filed.  |  |   | _          |
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| ffective date, if other than the date of filing:    06/29/2021   (optional)     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 605.02     other contents of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records.  |  |   | _          |
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| Signature of a number or authorized representative of a member   |  | time, at 12.01 a.m. on the earner or. (b) The 50m day and       | er the     |
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|  |  | (   |            |
|  | Typed or prin  | ited hame of signee   |            |

Filing Fee: \$25.00