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2022 AUG -3 AM 9:21 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	MLT	Skin LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	- Many-a	Ynn Milhelt (OV) Name of Person	
		Firm/Company	2022 AUG -3 AM 9: 21 SECRETARY OF STATE FALL AHASSEE, FL
	19901	Address)	-3 AM 9
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For further information c	oncerning this matter, please cal		·
Mary - ignr	MICHINE COYDIN	at (813) 140 - Daytime	7365 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations
Tallahassee, F	L 32314	2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MII Sar	N LUC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{08/01/3033}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrevia "L.L.C."
Enter new principal offices address, if applicable:	22 AL
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	ASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)	m
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
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ent's effective	e date on t	he Departme	s not meet t nt of State's	ne applicable s s records.	tatutory h	ling requirements, th	is date will no	t be lis
specifies a	delayed eff	ective date, b	out not an ef	fective time, a	t 12:01 a.n	n. on the earlier of: (b) The 90th o	lay aft
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		Signatur	e of a member	or or other ized	representati	ve of a member		