

L21000090267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

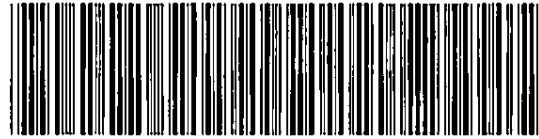
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500379197225

FILED  
2022 JAN 26 AM 8:21  
TALLAHASSEE, FL

RECEIVED  
2022 JAN 26 AM 11:25  
TALLAHASSEE, FL

Y SULKER

FEB 10 2022

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2022

CSC

SUBJECT: LADIES IN RED, LLC  
Ref. Number: L21000090267

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for LADIES IN RED, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000057221 ACT SOLSKIN LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 322A00002982

RECEIVED  
2022 FEB -9 AM 11:31  
TALLAHASSEE, FL 32309

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 412720 8335423

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 18, 2022

ORDER TIME : 9:26 AM

ORDER NO. : 412720-001

CUSTOMER NO: 8335423

DOMESTIC AMENDMENT FILING

NAME: LADIES IN RED, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LADIES IN RED, 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:

Nicole Pigeon

\_\_\_\_\_  
Name of Person

Solskin Esthetics, LLC

\_\_\_\_\_  
Firm/Company

201 Ashourian Ave. Suite 126

\_\_\_\_\_  
Address

St. Augustine, FL 32092

\_\_\_\_\_  
City/State and Zip Code

nicolepigeon@mac.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Pigeon

904

914-1991

at (\_\_\_\_\_) \_\_\_\_\_

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,  
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**

LADIES IN RED, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/23/2021 and assigned  
Florida document number L21000090267

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Solskin Esthetics, LLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

201 Ashourian Ave.

Suite 126

St. Augustine, FL 32092

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6 Versaggi Place

St. Augustine Beach, FL 32080

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Nicole Pigeon

New Registered Office Address:

201 Ashourian Ave, Suite 126

*Enter Florida street address*

St. Augustine

Florida 32092

*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 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**

[illegible]

[illegible]

(If 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (h) The 90th day after the record is filed.

Dated \_\_\_\_\_

Michael Pison

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**