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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECSELARY OF STATE
TALL JHASSEF, TA

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COVER LETTER

TO:	Registration Se- Division of Corp			·
		K-De S	KIN LLC	•
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
			Kanetia Edmonds	
			Name of Person	
			K-De SKIN	
			Firm/Company	
			7920 Merrill Rd unit 2001	
			Address	
			Jacksonville, FL 32277	
		·	City/State and Zip Code	
		C mall address (kanetiae@yahoo.com to be used for future annual report n	atification)
For fur	ther information co	oncerning this matter, please c	•	ionneation)
	Kanetia I	Edmonds	757 at ()	971-2889
-	Name o	f Person		time Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$23	5.00 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 Addres Registration S		Street Address: Registration S	-
	Division of C	orporations	Division of C	Corporations
	P.O. Box 632 Tallahassee, I		The Centre o	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 FER 28 AM C. LO

K-De SKIN LL	.C	10121 ED SO WU P. 113)
(Name of the Limited Liability Company	as it now appea	VE OR OUT. records.)	
K-De SKIN LL (Name of the Limited Liability Company (A Florida Limited Lia	илиу сопфацу)	TALLAPASSE	•
he Articles of Organization for this Limited Liability Company w		<i>? (</i> ???)??? t	_ and assigned
orida document numberL21000132351			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability	ty company h	ere:	
ne new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:	12574 Flagler Center Blvd.		
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32258		
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	7920 Merrill Rd unit 2001 Jacksonville, FL 32277		
s. If amending the registered agent and/or registered office ad	dress on our	records, enter the name o	of the new regi
gent and/or the new registered office address here:		, <u> </u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		F1	
	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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□ Remove
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	e, if other than the date o		16.61'	(optional)	(05.02)
e: If the d	te is listed, the date must be spec ate inserted in this block doe fective date on the Departme	s not meet the applicab			
cord specif i filed.	ies a delayed effective date, l	out not an effective tim	ne, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after th
ed	February 22	2022			
		Non		\0	
	•	/*	V () \(\mathcal{L} \)_	グ	

Typed or printed name of signee