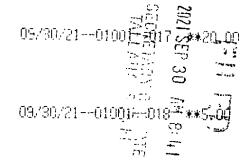
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COVER LETTER

SUBJECT: <u>Natival Bearty Sk</u>	Lin + Wellhess Liability Company	s, uc
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	he following:	
Brittany Th	Name of Person	<u></u>
notival Bea	Em/Company	<u>lness</u>
8169 WOOdn	16 HWY Address	
Tallahassee,	Flurida 3231	05
natural beauti	Le used for future annual report notific	. COM
For further information concerning this matter, please call:		
Britany thomas Name of Person	at Area Code Daytime	143-9015
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

Division of Corporations

TO:

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

Natural Beauty Skin + W (Name of the Liphited Liability Compan (A Florida Limited Li	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 121000 188 799.	1102/21
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	8/169 WOOD VILLE HWY Dallahassee, FL 32305
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 SEP 30 AU
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
New Registered Office Address: 8169 W	ny Thomas Dodylle Hwy Doddadkasseo 3205 Enter Florida stree: address her See Florida 32305 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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			□Remove
			Change
			□Add
			□Remove
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If an effective date <u>Note:</u> If the dat	if other than the is listed, the date mus to inserted in this blo ective date on the Do	t be specific and ea ock does not me	annot be prior to et the applica	date of filing or m	ore than 90 days	optional) after filing.) Pu s, this date wil	rsuant to 60 I not be lis	05.0207 (sted as t
rd is filed.	es a delayed effectiv						0th day afi	ter the
Dated (Se N	t. 30th, 3 Bonttany	2021		'				
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