# LZ1000212932

(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: - Addred "LLQ" to Entity name.
N/C. Amend

Office Use Only



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SECRETARY OF STATE
ONE OF CORFORATION

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#### **COVER LETTER**

TO:		istration Sec sion of Corp						
SUBJEC		Skin Solution	ns Studio	•				
SUBJEC	, li	Name of Limited Liability Company						
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	turn	all correspon	dence concerning this matter	to the following:				
			Keyla Escobar					
				Name of Person		<del></del>		
				Firm/Company				
			583 Queensbridge Dr.					
				Address		· · · · ·		
			Lake Mary, FL 32746					
			dvskay@yahoo.com	City/State and Zip Code				
			E-mail address: (t	to be used for future annual	report notification)			
For furth	er in	formation co	ncerning this matter, please co	ıll:				
Keyla Es	scob	ar		407 951 at ()	-0817			
,	<del></del>	Name of I	Person	Area Code	Daytime Telepho	one Number		
Enclosed	l is a	check for the	following amount:					
<b>■ \$25</b> .	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:

TO:

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 Tailahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skin Solutions Studio j			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000212932</u> .	were filed on May 6th, 2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
Sculpted Effect , LLC			
The new name must be distinguishable and contain the words "Limited Liabii	hity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3525 W Lake Mary, Blvd. Suite	306	
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL. 32746		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	583 Queensbridge Dr. Lake Mary, Fl. 32746		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter th	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flor	rida	
<del> </del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Leslic Sosa	583 Queensbridge Dr. Lake Mary, FL. 32746	<b>=</b> Add
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Effe et	in data if ather they the date of filings (antional)
(If an eff	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	8/10/2022
Dated	······································
	Signature of a member or authorized representative of a member
	digital of a member of adjustment of a member