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2024 SEP -3 PM 1: 45 SECRETARY OF STATE



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	The Skin F	DIOG FIG LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brith	Name of Person	
	- the	Sun Aug W. Firm/Company	<u>, </u>
	4848 D	deon Street	
	fort my	JUS, FL 3890 City/State and Zip Code	71
	Britner E-mail address: (to be used for future annual report not	Com lification)
For further information of	concerning this matter, please c	all:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration : Division of C	Section Corporations	Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Skin Plug fla UC		FILED
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	24 SEP -3 PH
The Articles of Organization for this Limited Liability Company	were filed on <u>07 26 26</u>	and assigned
Florida document number <u>L 21000337017</u> .	14	LLAHASSEE. FL
This amendment is submitted to amend the following:		
(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liab		
The new name must be distinguishable and contain the words "Limited Light	lity Company "the decignation "LLC" or	the abbreviation "L.1.6"
·	_	_
• •	1_ T.	300
(Principal office address MUST BE A STREET ADDRESS)		22007
	told tryers, + L a	20,10
Enter new mailing address, if applicable:	1469 WIDNIGH R	SIVD
(Mailing address MAY BE A POST OFFICE BOX)	Ste 220	
	fort myers, FL 3	3907
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:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	- ,	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	laZip Code
	CHV	гарх, оне

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>	Name	Address	Type of Action
<u>AMBQ</u>	Cleante Castor	4848 Deleon Street	Mod
			□Remove
			□Change
			□Add
			□Remove
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fect	ive date, if other than the date of filing:(optional)
an eff <u>ote:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
eun	cent's effective date on the Department of State's records.
recor , is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	August 2 ptn. 2024.
	7 - h
	Signature of a member or authorized representative of a member