Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000261944 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____info@bioskinlabs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIOSKIN LABS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

1/1

Electronic Filing Menu Corporate Filing Menu

Help

Fax Audit # H22000261944-3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

BIOSKIN LABS 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 2/2/2022 and Florida document number 1.22000007653

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "1.1.C" or the abbreviation "1.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

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:

New Registered Office Address:

Enter Florida street address

Florida

Florida

The City:

City:

City:

The Control of the new registered of the

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment of 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.

To Page: 4 of 5 2022-08-03 09:52:43 CST 16082993912 From: Alexis Gregor

Fax Audit # H22000261944-3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Peter J Tapia	350 NE 51st Apt 4	X 3Add
		Miami, Florida 33137	□Remove
			[] Change
ABMR	CRISTOFER REYES	350 NE 51st Apt 4	∐Add
		Miami, Florida 33137	[] Relikive
			X)Clouige
			🗀 Add
			iDRemove
			☐ Change
			DAdd
			ERemove
			OChange
			🗀 Add
			Cl Remove
			_ DChange
			DAdd
			©Remove

.. __ []Change

Page: 5 of 5 2022-08-03 09:52:43 CST

16082993912 From: Alexis Gregor

Fax	Audit	#	H22000261944.	3

To:

(antique)	
ffective date, if other than the date of filing: 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, lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste occument's effective date on the Department of State's records	.020 ed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after 1 is filed.	ı the
ated July 25th 2022 Signature of a member of a member	
CRISTOFER REYES, Member Typed or printed name of signee	