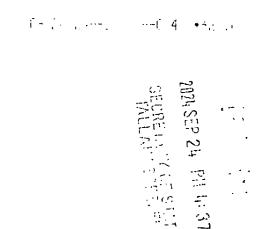
L22000007653

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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
	in Labs LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Artick	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all cor	rrespondence concerning this matt	er to the following:	
	Peter Joseph Tapia		
		Name of Person	
	Bioskin Labs LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	350 Ne 51st, apt4		
		Address	. 3
	Miami, FL, 33137		TAL TAL
		City/State and Zip Code	24
	pjtpeter@gmail.com		
For further informat	E-mail address tion concerning this matter, please	s: (to be used for future annual report notificate call:	ation)
Peter Joseph Tapia		305 905-9899 at ()	۔۔ ہے شہ
Na	ame of Person		elephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ce \$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 Ac		Street Address:	0.0
_	ion Section of Corporations	Registration Secti Division of Corpo	
P.O. Box	-	The Centre of Tal	
Tallahass	see, FL 32314	2415 N. Monroe 5	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIOSKIN Labs LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number 1.22000007653	any were filed on $2/2/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	liability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>
Enter new mailing address, if applicable:	20TU SEP 24 STALL
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	<u>Address</u>	Type of Action
AMBR	Cristofer Reyes	350 NE 51st st, apt 4, Miami, fl, 33137	
			■ Remove
			□Change
			□ Add
			□Remove
			□Change
			Remove SECRET
			Z2 ☐Add ☐Remove
			□Change
			□ Add
			🗆 Remove
			□Change
			□Add
			Пенюче
			□Change

Cristofer Reyes is not part of the company anymore and 100% of Bioskin Labs LLC should be under Peter J. Tapia (Ownership and responsibilities).		
	100 P. C.	
	F 写	
<u> </u>	<u> </u>	
	in	
tive date, if other than the date of filing:	(optional)	
If the date inserted in this block does not mee	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 at the applicable statutory filing requirements, this date will not be list	
ment's effective date on the Department of Stat	e's records.	
ord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	
filed.		
09/02/2024 d		
d		
	1 1 2	

Typed or printed name of signee