## 122000089419

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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2022 APR -4 PM 2: 04
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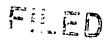
9-4/18/2022

## **COVER LETTER**

	Registration Se Division of Cor				
		M LAB LLC			
SUBJEC	٦:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Omely Ramos			
			Name of Person		
		NEW DERM BEAUTY L	AB LLC		
			Firn/Company		
		5101 STAR RUBY AVE			
			Address		
		SAINT CLOUD FL 34771			
			City/State and Zip Code	2	
		JCOLD31652@GMAIL.CO	OM to be used for future annua	l report notificati	on)
For furth	ner information c	oncerning this matter, please co		n report notificati	011,
OMELY	′ RAMOS		954 6	82-5938	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed	l is a check for th	ne following amount:			
□ <b>\$2</b> 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5			Address:	n
Registration Section Division of Corporations		Divisi	Division of Corporations		
	P.O. Box 632 Tallahassee, 1			entre of Talla V. Monroe St	thassee reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NEW DERM LABILLO

2022 APR -4 PM 2: 04

( <u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	s) CIO TALLILASSEE, FI
The Articles of Organization for this Limited Liabilit Florida document number L22000089419	ty Company were filed on 01/24/2022	and assigned
This amendment is submitted to amend the following	j.	
A. If amending name, enter the new name of the	limited liability company here:	
NEW DERM BEAUTY LAB LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address here.  Name of New Registered Agent:	· -	the name of the new registered
Nume of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	w .
	FI	orida
<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 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
			🗆 Add
		<u> </u>	□ Remove
			Change
		<u></u>	□Remove
			Change
			□Add
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effective date, if other than the deffective date is listed, the date must be: If the date inserted in this blockment's effective date on the Dep	k does not meet	the applicabl	date of filing or m e statutory filin	ore than 90 days g requirements,	ptional) after filing.) Purs this date will r	uant to 605.02 not be listed
ord specifies a delayed effective filed.	late, but not an	effective time	, at 12:01 a.m. (	on the earlier o	f: (b) The 90th	n day after ti
d March 24		2022		7		
		(30		/		
			1			