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T. MATTHEWS MAR 29 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: La Lenci Stincare L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristen M. Robertson
Name of Person
Là Lenci Skirkare Firm/Company
P.O. Box 1547
Address
Bora Katon, FZ 33429
Kristy@inspiredmarketingle.com
E-mail address: (to Ne used for future annual report notification)
For further information concerning this matter, please call:
Kristn Robertson an SO4, 723-6063
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

Mailing Address:

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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Lenci Skincare, L.L. C2211-15 PH 3:13
(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 2/18/22 and assigned Florida document number 122000094479. (2/14/22 effective deta)
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 Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing 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
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	Debbie Kritharis	S533 Croydon Ct. Boca Raton, FL 33486	□Add
		Boca Ruton, FL 33486	Remove
			□Change
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			□Change
			□Add
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			Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effecti Note: If	date, if other than the date of filing:
the record secord is filed.	
Dated	3/ March 14. 202Z
	March 14. 202Z. Roban 150 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Lyisten M. Lubertson

Typed or printed name of signce