L22000156678

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A. BUTLER APR 2 5 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ne Skin Re Name of Limi	aimen LLC	?
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Gina</u>	Kaczmarek Name of Person	
	The Sk	(in Regimon	LLC
	2865 N	1 Tomberlin Pt Address	
	Herno	City/State and Zip Code	147
	The Skin E-mail address: (1	to be used or future annual report join	fication) (CM
For further information c	oncerning this matter, please co	all:	
GWC Name o	GCZMCWEK f Person	at (352) 361 Area Code Daytim	- 1863 e Telephone Number
Enclosed is a check for the	ne following amount:		
≤ \$25.00 Filing Fee	☐ \$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 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

lability Company as it now appears on our records, lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L22000156678 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 "L.L.C." 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:

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 **Title** Name Address **Type of Action** AMBR Nicole Barton 2865 N Tomberlin P DAdd Hernando FC 34442 Decemove Change MGR Ging Kaczmanek 2865 N Tomberlin At Tombe Hernando, FC 34442 DRemove □ Change AMBR Ging Kaczmarch 2865 N Tombertin Petral Hernando FL 34442 | Remove ______ Change MGR Nicole Barton 2865 N Tomberlin Pt Mad Hernando, FL 34442 DRemove ______ □ Change □ Remove ______ □Add

_____ Change

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an effe lote:	ve date, if other than the date of filing:
record l is file	I 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 ed.
ated _	4/25/22
	Signature of a member or authorized representative of a member