## 122000275905

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
<b>\-</b>	· · ·	,
<u>/Dc</u>	cument Number)	
(50	coment romber,	
0-46-40-4-	Constitution and a	C
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		Į
		1
		1
		1

Office Use Only



400390419224

07/05/22--01004--023 \*\*25.00

s. Chatham OCT 3 - 2022



## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	The Skin S			
SUBJECT		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Maribel Martin		
			Name of Person	
		<del></del>	Firm/Company	
		641 Eastward Drive		
			Address	
		Miami Springs, FL 33166		
		maribel_martin@bellsouth.	City/State and Zip Code net	
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please ea	all:	
Antonio G.	Martin		732 501-7506	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	ı check for tl	ne following amount:		
<b>■</b> \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection
Div	vision of C	orporations	Division of Co	orporations
P.C	). Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 June 16, 2022 and assigned florida document number L22000275905  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 abbreviation and assigned to the abbreviat	The Skin Shop LLC		
In a mending name, enter the new name of the limited liability company here:  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" or the abb	(Name of the Limited   (A	iability Company as it now appears on our records.) Florida Limited Liability Company)	
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" or the ab		lity Company were filed on June 16, 2022	and assigned
. If amending name, enter the new name of the limited liability company here:    Company   Compa	lorida document number L22000275905		
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	his amendment is submitted to amend the followi	ng:	
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	. If amending name, enter the new name of th	e limited liability company here:	
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			DIV 22
Principal office address MUST BE A STREET ADDRESS)  Other new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbrevia	iione L.L.C.
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	nter new principal offices address, if applicabl	e:	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	rincipal office address MUST BE A STREET A	ADDRESS)	<u>م ج م </u>
Agiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			<u>မှ ဥကျော</u> မှ ဥကျော
Agiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			105 105
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	nter new mailing address, if applicable:		
Name of New Registered Agent:  New Registered Office Address:	<u> 1ailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
Name of New Registered Agent:  New Registered Office Address:			
Name of New Registered Agent:  New Registered Office Address:			
Name of New Registered Agent:  New Registered Office Address:			he new regist
New Registered Office Address:	gent and/or the new registered office address n	ere:	
New Registered Office Address:	Numa of Nau Basistanad Agants		
	Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
ETHET CHOTHU STEEL AUGTESS	New Registered Office Address:	Entar Florida streat address	
, Florida	-		n Coda

## 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
MGR	Leah Gonzalez-Camps	246 Apache St	<b>=</b> Add
		Miami Springs, FL 33166	□Remove
			□Change
			□Add
			□Remove
		, <u>.</u>	22nnge 22nnge 32.6xt
<del> </del>			চ <b>চ</b> মের ুই
			PH Removes
			5 Sm: □Change
	<del></del>	<del>-</del>	□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□ Change

		_
		_
		<del></del>
		<del>_</del>
		_
		Ü
		ISIVIO SES
<del></del>		- 50 - 50 - 50
	<u>vi</u>	-0.20 -0.20 -0.20
	TE CONTRACTOR OF THE CONTRACTO	- 66.2 - 66.2 - 66.2
	ය. 0	IAIE PATIC
<del></del>		N.S.
<del></del> _		
	<del></del>	_
Effective d	date, if other than the date of filing: (optional)	
If an effective Note: If th	e 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be effective date on the Department of State's records.	
rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated	6-27-2088  Markey Marken  Signature of a rhember or authorized representative of a member	
	Signature of a member or authorized representative of a member	
-	Maribel Martin  Typed or printed name of signee	

. . . . . .

Filing Fee: \$25.00