L22000377880

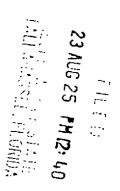
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COVER LETTER

TO:	Registration Section Division of Corpora		·**		•
SUBJE	······································	R Tonbi	TO LLC		
30036			ited Liability Company		
The en	closed Articles of Ame	indment and fee(s) are sub	mitted for filing.		
Please	return all corresponder	ace concerning this matter	to the following:		
	-	Ros	abel Tonbi	0	-
	_	R	.Tonibid LLC		_
		^	Firm/Company		•
	-	9220 SW 5	9Th St Address		-
	-	Mlami, FL Toribioros	3373 City/State and Zip Code	I.COM	
For fur	ther information conce	E-mail address: (rning this matter, please ca	to be used for lutureladanaal repo ull:	rt notification)	
_R	OSABEL TOP	1 bro	at (954) C	554-3050 aytime Telephone Number	
Enclose	ed is a check for the fo	llowing amount:			
□ \$ 2.	5.00 Filing Fee 🛛 💆	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &
	Mailing Address: Registration Sect	ion	Street Addre		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

K. JOPTOTO LLC
(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 <u>RVQ 1St 12022</u> and assigned Florida document number <u>L 22000377880</u> . This amendment is submitted to amend the following:
्राप्त करिया के प्राप्त करिया के प्राप्त करिया करि
A. If amending name, enter the new name of the limited liability company here: Timeless SKIN Actually 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: Enter Florida street address
Classida.
, Florida

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
			□Add
			Remove
			☐ Change
	 		□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□ Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: If th	date, if other than the date of filing:
the record spectord 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 after the
Dated	22nd of August 2023. Signature of a member or authorized representative of a member
	Rosabel Tonbio Typed or printed name of signee

Filing Fee: \$25.00