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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

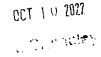
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUBTLE SKIN SOLUTIONS LLC

Certificate of Status	0
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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Subtle Skin Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	 ,		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000416345</u> .	vere filed on <u>09/23/22</u>	2	and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>e</u>	enter the name	of the new reg	istered
Name of New Registered Agent:			2022	
•			100 130	 }
New Registered Office Address:	Enter Florida street d		- Sept. 1	FILE
	Cay	_, Florida	Zip Code	03.00
New Registered Agent's Signature, if changing Registered Agent:			£	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutic rovided for in Chapter (rs, and I am fa 605, F.S. Or, ij	miliar with an Ethis documen	d

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>	Name	Address	Type of Action
AMBR	Christina Risso	1914 Taylor Lane	
		Tampa FL 33618	Remove
			□Add
			□Remove
			□ Change
			□Add
			□ Петюче
			Change
			□Add
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Note:	date, if other than the date of filing:
e recoi rd is fi	pecifies 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	ctober 7 , 2022 .
	R: Lung Park.
	Signature of a member or authorized representative of a member
	digital of a monor of dataset of the second

. ,

Filing Fee: \$25.00