

L23 0000 189 14

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 MAR 20 AM 9:01
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & H SKIN LLC
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:

Dandong Shen
Name of Person
C & H SKIN LLC
Firm/Company
3496 SW Sawgrass Villas Dr
Address
Palm City, FL 34990
City/State and Zip Code
CandHskin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dandong Shen at (772) 240-5775
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

SECTION OF DATE
TALLAHASSEE, FL

2023 MAR 20 AM 9:01

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

C S H SKIN 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 Jan 9, 2023 and assigned Florida document number L23000018914.

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:

Enter Florida street address

City

Florida

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sindy Wu	3496 SW Sawgrass Villas Dr. Palm City FL 34990	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 MAR 20 AM 9:00
SECURITY OFFICE
ALL APPLICANTS
FL

2028 MAR 20 AM 9:01
SECRET
TALLAHASSEE, FL

2028 MAR 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Dated 03-13, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00