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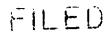
COVER LETTER

TO: Registration Section

Division of Corporations				
, Samzen Ski	n Co.		•	
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian Douglas Mann			
		Name of Person	,	
	Samzen Skin Co.			
		Firm/Company		
	1313 NW 42nd Ave			
		Address	<u>-</u> .	
	Cape Coral, FL 33993			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	samzenskinco@gmail.com E-mail address: (to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c		,	
Brian Douglas Mann		704 663-9261		
Name of Person		at () Area Code Dayti	me 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 Addres	ε.	Street Address:		
Registration S		Registration S	ection	
Division of C		Division of Co	-	
P.O. Box 632	.7	The Centre of		
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



Samzen Skin Co, LLC

2024 JUL 12 PH 12 56

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on or Liability Company)	Trecords,) TARY OF STATE	
he Articles of Organization for this Limited lorida document number 1.23000042665	Liability Company	were filed on January 2	23. 2023 and ass	igned
his amendment is submitted to amend the fo	llowing:			
. If amending name, enter the new name	of the limited liab	ility company here:		
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		1313 NW 42nd Ave, Cape Coral, FL 33993		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		1313 NW 42nd Ave, Cape Coral, FL 33993		
Mailing address MAY BE A POST OFFICE	E BOX)			
. If amending the registered agent and/or gent and/or the new registered office addr	•		s, <u>enter the name of the ne</u> v	v regi
Name of New Registered Agent:		1212 NW 12-4 A		
	1313 NW 42nd	Ave		
Name of New Registered Agent: New Registered Office Address:	1313 NW 42nd	Ave Enter Florida str	eet address	

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 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	Sharron A. Mann	1313 NW 42nd Ave	
		Cape Coral, FL 33993	■Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

·	
	
Effective data if other	er than the date of filing: (optional)
(If an effective date is listed. Note: If the date insert	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (seed in this block does not meet the applicable statutory filing requirements, this date will not be listed as tate on the Department of State's records.
the record specifies a dela cord is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 8	2024

Typed or printed name of signee