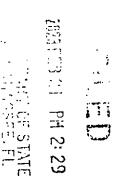
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R. HUNT 02/21/23

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Skin Clu	y h	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	Rachelle	Requero Namo of Person	7.3 7.3 7.3 7.4 7.4
	Ski	n CCUb Firm/Company	
	660 e 1	nillshow blud	Sute 10 GF STATE
	Deer Field	Beach Tu	3344
	Skin Ckv E-mail address: (i	City/State and Zip Code b LLC & Malico be used for future angual report notice	L. COM fication)
For further information c	oncerning this matter, please co		
Rache He R	Person Person	at (954) 557 Area Code Daytime	t 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 Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	atlahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 5 Kin Club LCC

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appear ability Company)	rs on our records.)	_ 		
The Articles of Organization for this Limited Liability Company of Florida document number	vere filed on	113012023	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company ho	ere:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the d	lesignation "LLC" or the abbrev	riation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	202		
			of the new registered		
			Esti para		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		171 (171)			
		FI	-1 2		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the name o</u>	f the new registered		
Name of New Registered Agent:					
New Registered Office Address:		nter Florida stroet address			
		, Florida			
	City		Zip Code		
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 paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in C	my duties, and I am fam Chapter 605, F.S. Or, if t	iliar with and his document is		

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
MBR	Rachelle Regueiro	600 e hills boro blud	XAdd
		Site 106	□Remove
		Site 106 Derfield Beach FL 334	☐ □Change
			□Add
		-	□Remove
		<u> </u>	DChange
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ffective date, if other than the	date of filir	ng:	,	2.512		(option	al)		0.5.0305
f an effective date is listed, the date must Note: If the date inserted in this bloom is the second of the second	ock does not	meet the app	olicable stat	utory filing	requiremen	its, this d	ate will r	not be lis	sted as
document's effective date on the D	epariment or	State 8 reco	ius.						
record specifies a delayed effectived is filed.	e date, but no	ot an effectiv	e time, at 1	2:01 a.m. o	n the earlie	r of: (b)	The 90tl	h day aft	ter the
Dated Teb 14	12	073	<u>,</u>						
	//	\cap	10	0		1 n 1			
Janet 400 ,	Signature of a			B+	7-12-7	QH			

Filing Fee: \$25.00