

L230000094322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

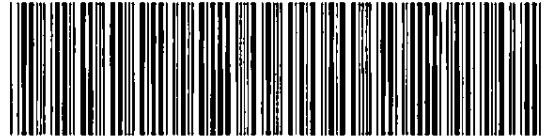
(Business Entity Name)

(Document Number)

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700414394267

08/24/23--01025--002 \*\*25.00

FILED

2023 AUG 24 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FL

Ved

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDIAN SKINCARE, 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:

Melonie Williams

\_\_\_\_\_  
Name of Person

Willham Accounting LLC

\_\_\_\_\_  
Firm/Company

27251 Wesley Chapel Blvd. Ste 303

\_\_\_\_\_  
Address

Wesley Chapel, FL 33544

\_\_\_\_\_  
City/State and Zip Code

melwilliams@willhamaccounting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melonie Williams

813 355-4802

at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLORIDIAN SKINCARE, 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 02/21/2023 and assigned  
Florida document number L23000094322.

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)

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2023 AUG 24 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FL.

**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*

\_\_\_\_\_. Florida \_\_\_\_\_  
City 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



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Erica Fink

Erica Rybicki

Typed or printed name of signee

## SIGNATURE CERTIFICATE



## REFERENCE NUMBER

EB9DFB37-2EAA-49DD-970E-60C745C40886

## TRANSACTION DETAILS

## Reference Number

EB9DFB37-2EAA-49DD-970E-60C745C40886

## Transaction Type

Signature Request

## Sent At

07/31/2023 20:43 EDT

## Executed At

08/10/2023 12:48 EDT

## Identity Method

email

## Distribution Method

email

## Signed Checksum

5b4577a321a59e52617a07ab3ab2ce103590a7ed11d75a918b64736709185120

## Signer Sequencing

Disabled

## Document Passcode

Disabled

## DOCUMENT DETAILS

## Document Name

FI Amendment Skincare

## Filename

fi\_amendment\_skincare.pdf

## Pages

3 pages

## Content Type

application/pdf

## File Size

258 KB

## Original Checksum

e2c015beb670c174581cc6d31e12c1c911aa3caa834c1af3544ea1404b35da9a

## SIGNERS

## SIGNER

## Name

Erica Rybicki

## Email

erica@jamvana.com

## Components

1

## E-SIGNATURE

## Status

signed

## Multi-factor Digital Fingerprint Checksum

01e50cc485777491e06066b2d1016770d44a18ce0bc90d4cd9864405eb4f731e

## IP Address

108.188.34.74

## Device

Safari via Mac

## Drawn Signature

## Signature Reference ID

00589607

## Signature Biometric Count

5

## EVENTS

## Viewed At

08/10/2023 12:47 EDT

## Identity Authenticated At

08/10/2023 12:48 EDT

## Signed At

08/10/2023 12:48 EDT

## AUDITS

## TIMESTAMP

07/31/2023 20:43 EDT

07/31/2023 20:43 EDT

08/10/2023 12:46 EDT

08/10/2023 12:47 EDT

08/10/2023 12:47 EDT

08/10/2023 12:48 EDT

08/10/2023 12:48 EDT

## AUDIT

Melanie Williams (melwilliams@willhamaccounting.com) created document 'fi\_amendment\_skincare.pdf' on Chrome via Windows from 65.35.78.242.

Erica Rybicki (erica@jamvana.com) was emailed a link to sign.

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