LABCCC 179695

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ALLS	Name of Limi	ted Liability Company	
The enclosed Articles of Am Please return all corresponde		<u>-</u>	
	D'an a	KOPTOWS KI Name of Person	
	ALLS	KIN BRAND Firm/Company	
	427 14 on tr	OS C BIVO. Address	
-	GUIF Bre allski E-mail address: (1	CZC, FL 325 City/State and Zip Code Chbranda gma o be used for future annual report notifi	11. COM
For further information conc			
Dand Kopre	OWSKI rson	at (<u>772</u>) <u>418</u> Area Code Daytime	3707 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations Registration Section
Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLSKIN BRAND			
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) ny)		
The Articles of Organization for this Limited Liability Company were filed or Florida document number $\underline{L23000179695}$	4/11/23	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	y 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)	*** <u>-</u>		
B. If amending the registered agent and/or registered office address on or	ur records, enter the n	ime of the ne	w registere
agent and/or the new registered office address here:	•		
Name of New Registered Agent:		0.5	
Now Parietared Office Address.		, <u>, , , , , , , , , , , , , , , , , , </u>	
New Registered Office Address: Enter	Florida street address	C.	
	, Florida		
City		Zin 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 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	Gerard Follano Jr.	2073 SW Harrison A	V C □ Add
		Port St. Lucie, FL	□Remove
		34953	□Change
MGR	Sarah Cieslinski	2073 SW HarrisonA	VC MAdd
		Port St. Lucie, FL	□Remove
		34953	□Change
			🗆 Add
			□Remove
			□Change
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ctive date, if other	than the date of filin	ıg:		(optional)	
te: If the date inserted	in this block does not	meet the applicable s	e of filing or more than 90 statutory filing requirer	days after filing.) Pursuant ments, this date will not b	to 605,0207 be listed as
ument's effective date	on the Department of	State's records.			
nard specifies a dalawa	d offentive data but as		. 12.01	F 6.0 > 50 + 60 + 4	
s filed.	d effective date, but no	t an effective time, a	1 12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
ad Juni	27th	2013			
		. <u> </u>	,		
	Hare	Many Member or authorized	WSUL		
	Signature of a	member or authorized	representative of a memb	er	
	Dana	Loprain	ICKI		



June 27, 2023

DANA KOPROWSKI 427 MONTROSE BLVD. GULF BREEZE, FL 32561

SUBJECT: ALLSKIN BRAND LLC Ref. Number: L23000179695

We have received your document for ALLSKIN BRAND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Letter Number: 523A00014432

Alecia Rivers Regulatory Specialist III

www.sunbiz.org