L23000286881

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COVER LETTER

Division of Cor				
	SKINCARE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CINDY YERALDIN CAR	RENO		
		Name of Person		
	ATHENA SKINCARE LI	C		
		Firm/Company		
	7771 NW 7TH ST APT 70	12		
		Address		<u>.</u>
	MIAMI, FL 33126		3 UC	; ; ; ; ; ;
	Yela Ling E-mail address: (City/State and Zip Code Carren My @g Mail. To be used for future annuals opert notific	2023 OCT PH 2: 4 0	MAN OF COMPORATION
For further information c	oncerning this matter, please c		2:	CRAI
ATHENA SKINCARE I	LC	332 200-2334	0).k(
Name o	f Person	Area Code Daytime	Felephone Number	
Enclosed is a check for th	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		<u>Street Address:</u> Registration Sect	ion	
Division of Corporations		Division of Corp.	orations	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

ATHENA SKINCARE LLC			
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Cor	w appears on our records.) mpany)	
The Articles of Organization for this Limited I Florida document number <u>L23000286881</u>		d on <u>06/09/2023</u> and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	ny," the designation "LL.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	202 202	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		7 PMI2:	
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office address.		n our records, <u>enter the name of the new register</u>	
Name of New Registered Agent:	CINDY YERALDIN CARRENO		
New Registered Office Address:	7771 NW 7TH ST APT 70	02	
	E	Inter Florida street address	
	МАМІ	, Florida ³³¹²⁶	
	Cay	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>	Address	Type of Action
MGR	CINDY YERALDIN CARRENO	7771 NW 7TH ST	□Add
		MIAMI FL 33126	□Remove
			\equiv Change
			□Add
			□Remove
			Change Civision Civision
			2023 DECT 1 To PH Jongs
			□Remove
			□ Change
			□ Add
		·	□Remove
			□Change
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
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		2023 OCT	OISIAIG
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		- PH	0 4 E
		PH 12: 40	
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		<u></u>	
(If an effective Note: If t	date, if other than the date of filing:)5.0207 sted as	(3)(b) the
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the	
Dated	09-21-24		
	Signature of a member of a member Cindy Verallin Carreno Abella Typed or printed name of signee		

Filing Fee: \$25.00