12/4/24, 1:39 PM

Division of Corporations

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From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ohadzohar1995@gmail.com

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DEC - 5 2024

12/04/2024 13:43 From:17184082550 To:18506176383 Date Time 12/04/24 01:43PM Pages: 4 P: 2/4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•		
SKINS 23 COSMETICS LLC		
(Name of the Limited Liability Cor (A Florida Limit	nnany as it now appears on our reco ed Liability Company)	nrds.)
	, , ,	
The Articles of Organization for this Limited Liability Compa	my were filed on 09/19/2023	and assigned
Florida document number L23000433882		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		702
		D D
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our records, <u>ent</u>	er the name of the new regist
pent and/or the new registered office address here.		P B B
N. C. D. C. L.		
Name of New Registered Agent:		11
New Registered Office Address:		
	Enter Florida street add	rest
		Florida
	Cuy	ир спас

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, <u>Signature of New Registered Ag</u>	gent
---	------

12/04/2024 13:43 From:17184082550 To:18506176383 Date Time 12/04/24 01:43PM Pages: 4 P: 3/4 (((H240003995163)))

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Michael Weisman	224 Deer Lake Circle	= Add
		Ormond Beach FL, 32174	_
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Remove
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D. If amen	ding any oth	ner information	, enter cha	inge(s) her	e: (Attach a	additionai	sheets, if	necessary.)		
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<u>Note:</u> If	the date inser	er than the dat d, the date must be s ted in this block of late on the Depart	loes not me	et the applic	able statutor;	ig or more t y filing re-	(0 han 90 days quirements	p tional) after filing.) F , this date w	ursuant to 605 ill not be liste	.0207 (3)(b) ed as the
If the record : record is filed		ayed effective dat	e, but not ar	n effective ti	me, at 12:01	a.m. on tl	ie earlier o	f:(b) The	90th day after	r the
Dated _	ecember 4			2024	·					
	/s/ Ohad Z	Zohar Som			 		manhar		 	
		Sign	ature of a me	emper or auun	orizea represei	manve or a	memoci			

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