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COVER LETTER

FILED
2023 NOV 27 AM 8: 01

TO: Registration Section Division of Corporations	IOISIAK 1741-17
SUBJECT: SkinRevive Innovations LLC Name of Limited Liability Company	NOF CORYO
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	, ∑ '
Skin Revive Innovations UC Firm/Company	
8696 Belle aire drive	
Boca Raton, OFL 33433 City/State and Zip Code	
City/State and Zip Code Galia Houria amail. com E-mail address: (to be used for inture annual report notification)	
For further information concerning this matter, please call:	
Eyal Rongn at (954) 821-4433 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Mailing Address: 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

2023 NOV 27 AM 8: 01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skin Kevive Innovations 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
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)
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: Eyal Ronen
New Registered Office Address: 8696 Belle aire drive
Boca Raton Florida 33433
·

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 ar removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address

□Add □Remove _____ Change DIALL WIASSE _ □ Remove ____ □Change _____ Change ____ 🗆 🗀 Add _____ □Remove

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ord specifies a detayed effective date, but not an effective t filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d 11/14/2023	
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	$\Rightarrow \hspace{-0.5em} \bigcirc$
	urized representative of a member

Filing Fee: \$25.00