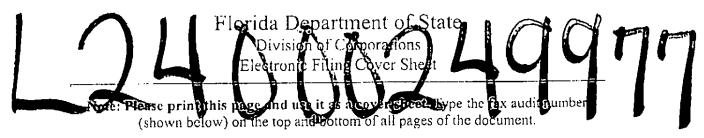
TO: +18506176383

р. 3

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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : B RILEY WEALTH TAX SERVICES INC

Account Number : I20120000051 : (305)937-7773 Phone : (815)301-2897 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DERMAMODA SPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

SEP 1 1 2024

M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERMAMOD	DA SPA LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/31/2024	and assigned
Florida document number L24000249977		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DERMAMODE SPAILLC		
The new name must be distinguishable and contain the words "Liu	mited 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 ADD	(RESS)	3. 202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SSC A
		32
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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.

9/11/2024 1:12 AM .FROM: B Riley Tax TO: +18506176383

P. 5

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
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			Remove
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			□Add
			□ Remove
			Change
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			ZEN SEPROVE ASSEE, FL
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Effective date, if other than th	ie date of filin	ፑ :		(optional)		
fan effective date is listed, the date m Note: If the date inserted in this	aust be specific and	I cannot be prior t	o date of filing or ble statutory fil	more than 90 days	after filing.) Pursu	ant to 60 ot be lis	5.0207 (ted as t
locument's effective date on the	Department of S	State's records.					
record specifies a delayed effect	ive date, but not	an effective tir	nc. at 12:01 aur	. on the earlier o	of: (b) The 90th	day afte	er the
d is filed.			,		• •		
		2024					
September 11							
Dated		,	·				

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Filing Fee: \$25.00