## L240027/12Z

| (Requestor's Name)                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |
| (Address)                                                                                                                                                                                      |
| (City/State/Zip/Phone #)                                                                                                                                                                       |
| PICK-UP WAIT MAIL                                                                                                                                                                              |
| (Business Entity Name)                                                                                                                                                                         |
| (Document Number)                                                                                                                                                                              |
| Certified Copies Certificates of Status                                                                                                                                                        |
| Special Instructions to Filing Officer:                                                                                                                                                        |
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Office Use Only



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13/12/24

## **COVER LETTER**

| TO:            | Registration S<br>Division of Co | orporati  |         |               |                       |                                          |                                 |             |                                                                                                   |
|----------------|----------------------------------|-----------|---------|---------------|-----------------------|------------------------------------------|---------------------------------|-------------|---------------------------------------------------------------------------------------------------|
| SURIF          | CT:                              | Art       | ٥ţ      | Skin          | ARS                   | thetics 3                                | Wellness                        | ςL.         | L.C.                                                                                              |
| 50202          |                                  |           |         | Name o        | of Limited            | Liability Compa                          | лу                              |             | ·····                                                                                             |
|                |                                  |           |         |               |                       |                                          |                                 |             |                                                                                                   |
| The end        | losed Articles of                | f Amend   | lment   | and fec(s) ar | re submit             | ted for filing.                          |                                 |             |                                                                                                   |
| Please         | return all corresp               | ondence   | conce   | rning this n  | natter to t           | he following:                            |                                 |             |                                                                                                   |
|                |                                  |           | D       | afney         | So                    | intana                                   |                                 |             |                                                                                                   |
|                |                                  |           |         | J             |                       | Name of Pers                             | son                             |             |                                                                                                   |
|                |                                  | _         |         |               | _                     |                                          |                                 |             |                                                                                                   |
|                |                                  |           |         |               |                       | Firm/Compa                               | ny                              |             |                                                                                                   |
|                |                                  | _1        | 08      | 26 N          | WL                    | 10th PL<br>Address                       | <u> </u>                        | <del></del> |                                                                                                   |
|                |                                  |           |         |               |                       | Address                                  |                                 |             |                                                                                                   |
|                |                                  |           | Cox     | al Spr        | ings                  | 1FL 3                                    | 3071<br>p Code<br>1. CM         |             |                                                                                                   |
|                |                                  |           |         | Den           | $\frac{1}{2}$         | City/State and Zip                       | p Code                          |             |                                                                                                   |
|                |                                  |           |         | E-mail add    | ZID (<br>lress: (to b | e used for future                        | annual report noti              | fication)   | <del></del>                                                                                       |
| For fur        | ther information                 | concern   | ing thi | s matter, ple | ease call:            |                                          |                                 |             |                                                                                                   |
| Ráck           | nel E. Bi                        | rouah     | ton     |               |                       | at ( 510 ]                               | , 717 -                         | 73 8        | 0                                                                                                 |
| Name of Person |                                  |           |         | Area Cox      | de Daytim             | e Telepho                                | ne Number                       |             |                                                                                                   |
|                |                                  |           |         |               |                       |                                          |                                 |             |                                                                                                   |
| Enclose        | ed is a check for                | the follo | wing a  | amount:       |                       |                                          |                                 |             |                                                                                                   |
| <b>⊠</b> \$2.  | 5.00 Filing Fee                  | <u>.</u>  |         | Filing Fee a  |                       | S55,00 Filin Certified Co (additional co | -                               |             | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | Mailing Addr<br>Registration     |           | n       |               |                       |                                          | reet Address;<br>egistration Se | ction       |                                                                                                   |
|                | Division of                      | Cornor    | ation   | \$            |                       | D                                        | ivision of Cor                  | moratio     | ns                                                                                                |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Net of Evin Aesthotics & Wellness 1 1 C

| Name of the Limited I                                                                                  | Jability Company<br>Forida Limited Lin                        | as it now an<br>hility Compan |                | Lecordy)                                                                                                                                                                                                                         |            |              |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| The Articles of Organization for this Limited Liabil Florida document number <u>L2400027112</u>        |                                                               | cre filed on                  | June           | 14 2021                                                                                                                                                                                                                          | and as     | signed       |
| This amendment is submitted to amend the following                                                     | ng:                                                           |                               |                |                                                                                                                                                                                                                                  |            |              |
| A. If amending name, enter the new name of the                                                         | e limited liabili                                             | y company                     | y here:        |                                                                                                                                                                                                                                  |            |              |
| SKYN Alchemy Co Aest The new name must be distinguishable and contain the words                        | hetics 1                                                      | 3 Well                        | ness           | LLC                                                                                                                                                                                                                              |            | 1.07         |
| the new name must be distinguishable and contain the words                                             | "Limited Liability                                            | Company," 0                   | he designation | "LLC" or the abbre                                                                                                                                                                                                               | AFRICO _1" | .L.C.        |
| Enter new principal offices address, if applicable                                                     | <b>e:</b> .                                                   | 6800                          | SW 4           | 0th St #                                                                                                                                                                                                                         | 164        |              |
| (Principal office address MUST BE A STREET A                                                           | DDRESS)                                                       | Miam                          | , FL :         | 33155                                                                                                                                                                                                                            | _          |              |
|                                                                                                        |                                                               |                               | ` <u>.</u>     |                                                                                                                                                                                                                                  | 50         | <u>.</u>     |
|                                                                                                        |                                                               |                               |                |                                                                                                                                                                                                                                  | : :        |              |
| Enter new mailing address, if applicable:                                                              |                                                               |                               |                |                                                                                                                                                                                                                                  | r j        | ,            |
| (Mailing address MAY BE A POST OFFICE BO.                                                              | <b>x</b> 0                                                    |                               |                | 200                                                                                                                                                                                                                              |            | ;            |
|                                                                                                        | -                                                             | <del> </del>                  |                | 20 s :<br>(h )                                                                                                                                                                                                                   | <u> </u>   | <u>.</u>     |
|                                                                                                        | •                                                             |                               |                | ارد الماري ا<br>الماري الماري المار | မှာ        | ţ.,          |
| B. If amending the registered agent and/or registered agent and/or the new registered office address h |                                                               | dress on ou                   | ır records, g  | enter the name of                                                                                                                                                                                                                | of the ne  | w registered |
| Name of New Registered Agent:                                                                          | Rachel                                                        | E. 1                          | Brougi         | ntun                                                                                                                                                                                                                             |            |              |
| New Registered Office Address:                                                                         | 1100 Brickell Bay Drive, 49 N<br>Enter Florida street address |                               |                |                                                                                                                                                                                                                                  |            |              |
|                                                                                                        | Miami. F                                                      | L 321                         | 31             | Florida 33                                                                                                                                                                                                                       | 131        |              |
| -                                                                                                      |                                                               | City                          | <del></del>    | _, Florida <u>33</u>                                                                                                                                                                                                             | Zip Code   |              |
| New Registered Agent's Signature, if changing Regi                                                     | stered Agent:                                                 |                               |                |                                                                                                                                                                                                                                  |            |              |

## b

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.

Rachal C. Broughton

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             |
|--------------|-------------|--------------|----------------------------|
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| ective date, if other than the date of filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (op                            | tiona                                                              | l)          | uppt to 605 03 |
| effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable state of the date of the | atutory filing requirements, t | his da                                                             | te will t   | not be listed  |
| ument's effective date on the Department of State's records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                    |             |                |
| cord specifies a delayed effective date, but not an effective time, at s filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12:01 a.m. on the earlier of:  | (b) '                                                              | The 90th    | h day after tl |
| ed August 30, 2024  Signature of a member or authorized re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                    |             |                |
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