L24000271122

(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
Incorrect forms Divid - LLC





200436973562

2000-25-00-01



COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
SIID IEC	Skyn Alchemy Co Aesthetics & Wellness LLC						
SUBJEC [*]	1;	Name of Lim	ited Liability Company				
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		Dafney Santana					
			Name of Person				
			Firm/Company				
		10826 NW 10th PL					
		Address					
		Coral Springs, FL 33071					
		skynalchemyco @gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report r	notification)			
For furthe	r information co	oncerning this matter, please ca	all:				
Dafney Santana		305 903-8818					
	Name of	f Person	Area Code Day	time Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$25.0	0 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)			
_	Nailing Address	_	Street Address: Registration				
Registration Section Division of Corporations P.O. Box 6327		Division of C					
		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skyn Alchemy Co Aesthetics & Wellness

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	ability Company were filed on 09/12/2024 nd assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE)	T ADDRESS)
C. C.	egistered office address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address	s nere:
Name of New Registered Agent:	
New Registered Office Address:	<u></u>
	Enter Florida street address
	, Florida
	·
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability

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	Dafney Santana	10826 NW10th PL	= Add
		Coral Springs, FL 33071	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Remove
			☐ Change
		<u></u>	
		<u> </u>	Remove
			□Change

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	re date, if other than the date of filing:
f the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the d.
Dated _	
	Dafney Santana Signature of a member or authorized representative of a member
	Dafney Santana
	Typed or printed name of signee

Filing Fee: \$25.00



October 9, 2024

DAFNEY SANTANA 6800 SW 40TH ST #164 MIAMI, FL 33185

SUBJECT: SKYN ALCHEMY CO AESTHETICS & WELLNESS LLC

Ref. Number: L24000271122

We have received your document for SKYN ALCHEMY CO AESTHETICS & WELLNESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 924A00022296

Anissa Butler Regulatory Specialist II

www.sunbiz.org