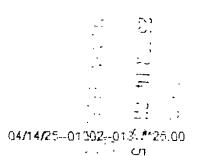
L25 000 113 767

(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;
·

Office Use Only



300448588653



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: THE SKIN JENIE JPH L Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
<u> phniel</u> H	QUINTANY HIPHICO Name of Person
THE SKIN	SENSE SPH LLC Firm/Company
70950 SM	97th AVE UNIT 102 Address
UILEVL	BAN, FL 33189 City/State and Zip Code
THESKINIENS	E (0 @ &MHIL . LOM) (to be used for future annual report notification)
For further information concerning this matter, please c	call:
DANIELA AVINIANA HIDALUU Name of Person	at () 789 - 371 - 3179 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on		and assigned
Florida document number			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.1.,C."
Enter new principal offices address, if applic	zable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	•	<u>.</u>
			
			(S)
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE			
	-		- 1
B. If amending the registered agent and/or		ecords, <u>enter the</u> nar	ne of the new registere
agent and/or the new registered office addre	<u>sss nere;</u>		F3
Name of New Registered Agent:	CRITTIAN DOUCURIA	0	
New Registered Office Address:	70990 (W Glin AVE Enter Flor	UNIT 101 ida street address	
	CUILER BHY	Florida	33 49
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIC DANIELA QUINTANA HIDALOO		20950 SW GITH AUE UNITION	thdd
	CUTLER BAY, FL 33189	□ Remove	
			□Change
		🗆 Add	
			□Remove
			□Change
		□ Add	
			□Remove
		□Change	
		□Add	
		□Remove	
			□Change
			🗀 Add
			□Remove
			□Add
			🗆 Remove
			∏Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated <u>04 / 03 / 202 S</u>

Signature of a member or authorized representative of a member

**DANIE UP QUINTAND 11104 160

Typed or printed name of signee