## M220000 19244

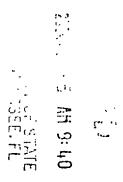
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submess Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Russ 216/24



2024 FEB -5 AH II: 39

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 306714 4327683	
AUTHORIZATION: Loubble no.	
COST LIMIT : \$ 25.00	
ORDER DATE : February 2, 2024	
ORDER TIME: 8:48 AM	
ORDER NO. : 306714-010	
CUSTOMER NO: 4327683	
FOREIGN FILINGS	
NAME: PMP SKINTASTIC HOLDINGS, LLC	
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY	
XXXX AMENDMENT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Alexxis Weiland-sorenson EXT#	

EXAMINER: \_\_\_\_

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it app	·	partment of	
State: PMP SKINTASTIC HOLDINGS, LL	<u> </u>		
Enter new principal office address, if applicable	e:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited	d liability company is: M2200001924	.4	62 ·
3. Jurisdiction of its organization: Delaware		· - ·	ن <u>ناب</u>
4. Date authorized to do business in Florida: _	12/28/2022	ະກ ບະຕ 	<u> </u>
SECTION II (5-9 complete only the applicable changes)			01:6
5. New name of the limited liability company:	PMP Florida, LLC		
PMP FL, LLC	nust contain. Limited Etablity Comp.	any, L.L.C., or	"LLC. )
(If name unavailable, enter alternate name adorcopy of the written consent of the managers or must contain "Limited Liability Company," "L	managing members adopting the alter	iness in Florida and nate name. The alte	attach a rnate name
6. If amending the registered agent and/or registered agent and/or the new registered office	stered officer address on our records, <u>e</u> e <u>e address here:</u>	nter the name of the	<u>e new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida S		
-	City	_, Florida Zip Co	de
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the propand accept the obligations of my position as redocument is being filed to merely reflect a charliability company has been notified in writing of	ngent and agree to act in this capacity, per and complete performance of my a gistered agent as provided for in Chap nge in the registered office address, I h	hities, and I am fam oter 605, F.S. Or, if	iliar with this

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
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aforementioned am	icate, if required: no more than 90 da endment(s), duly authenticated by th he law of which this entity is organiz	ne official having custody of recor	□Remo ds in the

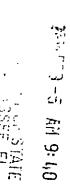
Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PMP SKINTASTIC
HOLDINGS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "PMP FLORIDA, LLC" ON THE SECOND DAY OF FEBRUARY, A.D.
2024, AT 5:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.





Authentication: 202734523

Date: 02-05-24