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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ILLUME SKIN COLLECTIVE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

2025-01-25 12:41:52 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

TO:	Registration Section
	Division of Corporations

Illume Skin Collective LEC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Diego Cruz		
	Name of Person		
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite		
	uma a a vano	Address	
	Tallahassee, FL 32301		
	The second of th	City/State and Zip Code	authorit A shiff & Ghille a sen e e autorium ann e
	fulfillment@zenbusiness.co	on	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	ull:	
c/o ZenBusiness INC		844 493-6249	
Name o	i Person		ne Telephone Number
Enclosed is a check for the	ie following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U \$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

To: Page: 3 of 5

2025-01-25 12:41:52 UTC+14 18506176383 AKTICLES OF AMENDMENT TO

From: ZenBusiness User

ARTICLES OF ORGANIZATION OF

Illume Skin Collective LLC			
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 2025-01-14	and assigned	
Florida document number £25000026643			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
Illume Skin & Hue LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LEC" or the	ne abbreviation "L.L.C."	
ater new principal offices address, if applicable: 316 Parkridge Avenue Orange Park, Ft. 32065			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4242 Everett Avenue Middleburg, FL 32068-5022		
	dduses on our passable out on the p	A Company was interested	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ladress on our records, <u>enter the r</u>	SA N	
Name of New Registered Agent:		# 1 F	
New Registered Office Address:	Enter Florida street address	F A D	
	. Florida	卷	
	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Allison Paige	.316 Parkridge Avenue Orange Park, Ft. 32065	C3Add
			Remove
			Change
MCR	Allison Paige	316 Parkridge Avenue Orange Park, FL 32065	\ \(\begin{align*} \begin{align*} alig
			filemove
			☐ Change
			🗆 Add
			□Remove
			LIChange
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			□ Remove
			U/Change

To:

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Allison Paige