

**L09 000088360**

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SLIM 4 LIFE, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SLIM 4 LIFE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPT 8, 2008 and assigned  
Florida document number LO9000088360.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALLURE MEDSPA AND WELLNESS CENTER LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES GORELICK

New Registered Office Address:

20700 WEST DIXIE HWY

Enter Florida street address

AVENTURA

Florida

33180

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 608, F.S. Or, if this document is  
being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability  
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name            | Address                                    | Type of Action                                                             |
|-------|-----------------|--------------------------------------------|----------------------------------------------------------------------------|
| MGR   | TOPEL, AL       |                                            | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | TOPEL, LINDA    |                                            | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MBR   | GORELICK, JAMES | 20700 WEST DIXIE HWY<br>AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM  | BERSSON, ROBIN  |                                            | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                 |                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
James Gorelick  
Typed or printed name of signer

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Filing Fee: \$25.00

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