L10000078171

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(Document	Number)
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Clinical Laser Aesthetics, LLC

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:

Bianca T. Vega

Name of Person

Clinical Laser Aesthetics, LLC

1806 N. Flamingo Road, Suite 440

Pembroke Pines, FL 33028

City/State and Zip Code

b0623j@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Vega

at (305) 318-2866
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLINICAL LASER AESTHETICS, LLC

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

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000078131</u> .	were filed on July 23, 2010 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LASERGENEX, LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1806 N. Flamingo Road, Suite 440	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 33028	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the new	
New Registered Office Address:	Enter Florida street address	
	City , Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			13 SEP L
			PAdd Remove
			57
			Add
			Remove
			Add
			 1

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	- 51
Dated Au	gust Sept 10 2013
Duicu	Dam J. W
	Signature of a member or authorized representative of a member
	Bianca T. Vega
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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