

L12000069590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

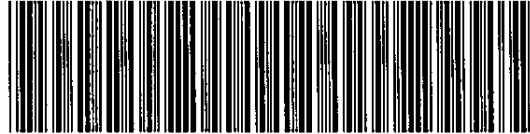
(Business Entity Name)

(Document Number)

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2015 JUN -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Culligan JUN -8 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MD SKIN CARE & GROOMING COMPANY 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:

Janet Helfand

Name of Person

MD SKIN CARE & GROOMING COMPANY LLC

Firm/Company

8569 Trailwinds Court Floor1

Address

Boynton Beach, Florida 33473

City/State and Zip Code

janet@razormd.com

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

For further information concerning this matter, please call:

Janet Helfand

732 688-7745
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

2015 JUN -5 PM 4: 02

MD SKIN CARE & GROOMING COMPANY LLC

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

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/09/2015 and assigned
Florida document number L12000069590

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8569 Trailwinds Court

Floor 1

Boynton Beach, FL 33473

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8569 Trailwinds Court

Floor 1

Boynton Beach, FL 33473

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|-------------------------|---------------------------------|
| MGR | Scott Saltzman | 8569 Trailwinds Court | <input type="checkbox"/> Add |
| | | Floor 1 | <input type="checkbox"/> Remove |
| | | Boynton Beach, FL 33473 | <input type="checkbox"/> Change |
| MGR | Janet Helfand | 8569 Trailwinds Court | <input type="checkbox"/> Add |
| | | Floor 1 | <input type="checkbox"/> Remove |
| | | Boynton Beach, Fl 33436 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

Remove the following names as authorized persons: Takiff, Monica and Blau, Susanna

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

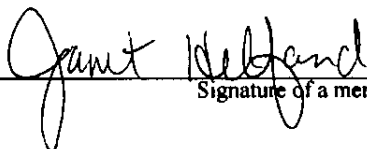
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 2, 2015



Signature of a member or authorized representative of a member

Janet Helfand

Typed or printed name of signee