

May 12 2009 11:07AM

EXECUTIVE CORP FILING

305 670 2055

P. 1

Division of Corporations

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LD91000034896

Florida Department of State

Division of Corporations

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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

MAY 13 2009

EXAMINER

From:

Account Name : EXECUTIVE CORPORATE FILING, INC.

Account Number : 120070000059

Phone : (305)670-3110

Fax Number : (305)665-1078

RECEIVED

09 MAY 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ACRA MEDICAL AESTHETICS, LLC

Certificate of Status	0
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Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 12 AM 8:05

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((H09000119680)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACRA MEDICAL AESTHETICS, 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 04-09-2009 and assigned
Florida document number L09000034896

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 end with 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)

55 MERRICK WAY

SUITE 43

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 MERRICK WAY

SUITE 43

CORAL GABLES, FL 33134

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:

55 MERRICK WAY - SUITE 43

Enter Florida street address

CORAL GABLES

Florida

33134

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 confirm 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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TALLAHASSEE FLORIDA

((H09000119680))

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

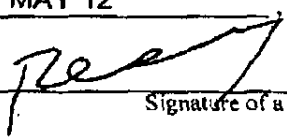
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CORRECT THE ADDRESS FOR

RAFAEL A ACRA & GLORIA C ACRA AS MGRM TO:

55 MERRICK WAY - SUITE 43 - CORAL GABLES, FL 33134

Dated MAY 12 2009


Signature of a member or authorized representative of a member

RAFAEL A ACRA

Typed or printed name of signee

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TALLAHASSEE FLORIDA