

L02000028720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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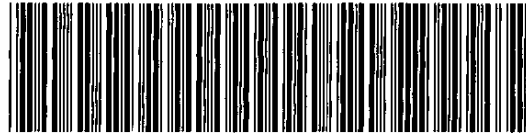
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -4 PM 4: 07

T. Hampton FEB 05 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mandala Medispa, 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:

Marguerite Barnett, MD

(Name of Person)

Marguerite Barnett, MD, PA

(Firm/Company)

1715 Stickney Point Road

(Address)

Sarasota, FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Barnowski

(Name of Person)

at (941) 927-2447

(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

January 22, 2008

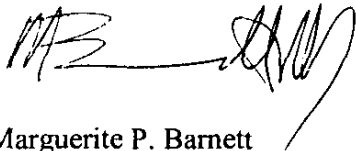
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

We are enclosing an Articles of Amendment to the Articles of Organization for Mandala Med-Spa, LLC for your filing. Our check for \$55.00 is enclosed for the following:

\$25.00 - Filing fee
30.00 - Certified copy
<hr/>
\$55.00

Thank you for your attention to this matter. If you have any questions, please feel free to contact our Business Operations Manager, Gina Barnowski at 941-927-2447.

Very truly yours,



Marguerite P. Barnett
Managing Member

Enc.

Mandala Med-Spa, LLC
1715 Stickney Point Road
Sarasota, FL 34231

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mandala Medispa, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on May 20, 2003 and assigned
Florida document number L02000028720.

This amendment is submitted to amend the following:

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

Mandala Med-Spa, LLC

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

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 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)

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:

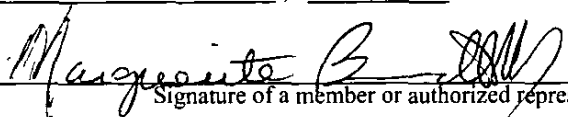
MGR = Manager
MGRM = Managing Member

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

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

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 DIVISION OF CORPORATIONS
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Dated _____



 Signature of a member or authorized representative of a member

Typed or printed name of signee