

LO 4000072129

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ISAAC MATZ P.A., C.P.A.
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Phone : (305) 573-6640
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVIANA LLC

Certificate of Status	1
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EXAMINER

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TALLAHASSEE, FLORIDA

FAX AUDIT NUMBER: H110002821193

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SILVIANA 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 10/05/2004 and assigned Florida document number L04000072129

This amendment is submitted to amend the following:

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

SILVIANAS EUROPEAN SKIN CARE AND DAY 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."

Enter new principal offices address, if applicable:

3339 VIRGINIA ST STE R1

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33133

Enter new mailing address, if applicable:

3339 VIRGINIA ST STE R1

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33133

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:

SILVA HAROUTJUNIAN

New Registered Office Address:

3339 VIRGINIA ST STE R1

Enter Florida street address

MIAMI

Florida

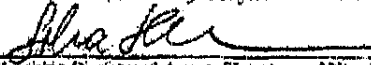
33133

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.



Changing Registered Agent, Signature of New Registered Agent

Prepared by:
Isaac Matz PA
2742 Biscayne Blvd
Miami, FL 33137
Tel (305) 573-6440
Fax (305) 475-6200

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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

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

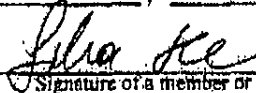
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE ADDRESS OF THE SOLE MGRM IS NOW:

3339 VIRGINIA ST STE R1

MIAMI FL 33133

Dated NOVEMBER 30, 2011



Signature of a member or authorized representative of a member

SILVA HAROUTUNIAN

Typed or printed name of signee

Prepared by:
Isaac Matz PA
2742 Biscayne Blvd
Miami, FL 33127
Tel (305) 573-4640
Fax (305) 475-4200

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