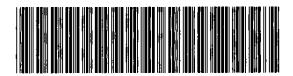
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

MAY 1 8 2011

EXAMINER

COVER LETTER

TO;	Registration Division of C	Section Corporations		
SUBJI	· ECT:	Forever Yo	ung MedSpa, L.L.C.	
SC DU			nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	ibmitted for filing.	
Please	return all corre	spondence concerning this matte	er to the following:	
			Brian Sidella Name of Person	
		Fore	ver Young MedSpa, L.L.C	· .
			Firm/Company	
			8723 Stirling Road Address	
		,		
			Cooper City, FL 33328 City/State and Zip Code	
		F-mail address:	osidella@bellsouth.net (to be used for future annual report no	ntification)
For fur	ther informatio	n concerning this matter, please		
		Brian Sidella	at (_954_)	450-2626
	Nam	e of Person	Area Code & Dayt	ime Telephone Number
Enclose	ed is a check fo	r 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)
(Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 nhassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAY 17 AM M 50

HOREVER (<u>Name of the Limited Liabi</u> (A Florid	Young MedSpa, L. lity Company as it now app da Limited Liability Compan	L.C. pears on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on _	1/20/2005	and assigned
Florida document number L0500006340	.		
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company	here:	
The new name must be distinguishable and end with the v.L.L.C."	words "Limited Liability Con	mpany," the designation "	LLC" or the abbrevia
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)	$^{\nu}/_{A}$	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		JA	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		n our records, enter	the name of the
Name of New Registered Agent:		/	
New Registered Office Address:		Enter Florida street add	tress
	//		
	//	√ , Florida	

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 = Månager MGRM = Managing Member <u>Title</u> **Type of Action** Address Name MGR Dr. Siddarth Bass 1257 NE 94th Stree ☐ Add Miami, Fl 33138 Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dr. Siddarth Bass is removed as Managing Member but still retains his shares. Dr. Bass has no legal authority, & no contract signing authority. Only Brian Sidella and or Diana Santa Maria have legal and contractual signing authority May 12 2011 Dated Signature of a member of authorized representative of a member Brian Sidella Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00