L0500006340

(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



01/19/22--01020--001 **25.00



COVER LETTER

TO: , Registration Section Division of Corporations

,

Forever Young Medspa LLC
SUBJECT:

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:

Allison Shipley

Name of Person

ByrdAdatto

Firm/Company

8150 N Central Expy, Ste 930

Address

Dallas, TX 75206

City/State and Zip Code

ashipley@byrdadatto.com

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

For further information concerning this matter, please call:

Brian Sidella 954 263-1674 at (_____) 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



March 22, 2023

ALLISON SHIPLEY BYRD ADATTO 8150 N CENTRAL EXPY, STE 930 DALLAS, TX 75206

SUBJECT: MEDICAL AESTHETICS CONSULTING GROUP, LLC Ref. Number: W23000039326

We have received your document for MEDICAL AESTHETICS CONSULTING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 623A00006656

April 24, 2023

Via UPS Florida Department of State Division of Corporations Attn: Neysa Culligan The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

> Re: Medical Aesthetics Consulting Group, Inc. Release of Name

To Whom It May Concern,

My name is Brian K. Sidella and I was the owner and president of Medical Aesthetics Consulting Group, Inc. (document number P22000060213), which was voluntarily dissolved on January 10, 2023. I have no intention of revoking the dissolution, and hereby release the name Medical Aesthetics Consulting Group to be used in connection with the Articles of Amendment filed for Forever Young Medspa, LLC (enclosed). Should you have any questions please reach out to my counsel, Madison White, at 214-291-3200.

Best Regards,

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Brian K. Sidella

STATE OF FLORIDA

BROWARD COUNTY

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This instrument was acknowledged before me on the $\underline{24}$ day of April, 2023, by Brian K. Sidella, President of Medical Aesthetics Consulting Group, Inc., a Florida corporation.

Notary Public State of Florida Linet Hernandez My Commission HH 322106 Expires 10/13/2026

Notary Public, State of Florida

inet Hernandez Printed Name of Notary

My Commission Expires: 10/13/2026

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLED

		2023 ATR 26 PM 2: 41
Forever Young Medspa LLC		· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liability</u> (A Florida I	amited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co		
Florida document number <u>1.05000006340</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Medical Aesthetics Consulting Group, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFI <u>CE BON</u>		
B. If amending the registered agent and/or registered (office address on our records	. enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Designard Office Addresses		
New Registered Office Address:	Enter Florida stree	et address
		Florida
	Cay	Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 tiled.

January 16 Dated	2023
Dated	`` <u> </u>
	u Sha
	Signature of a member or authorized representative of a member
Allison Sh	pley, authorized representative

Typed or printed name of signce