

LOS000029636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

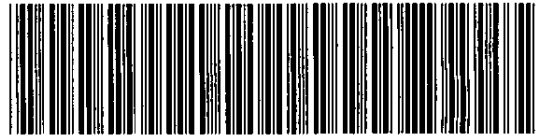
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03/23/09--01014--021 **43.75

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09 APR - 1 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

APR - 2 2009

EXAMINER

LOS-29636
1009-13871

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmetic Foot, Ankle & Leg Vein Center, 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:

Joel Schoenhaus
(Name of Person)

Cosmetic Foot, Ankle & Leg Vein Center
(Firm/Company)

670 Glades Road #320
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

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09 APR - 1 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joel Schoenhaus at 561.750.3033
(Name of Person) (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

please mail
refund of
\$13.75 or put
it on acct for next
year
Annual
report

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2009

JODI SCHOENHAUS
670 GLADES ROAD #320
BOCA RATON, FL 33431

SUBJECT: COSMETIC FOOT, ANKLE & LEG VEIN CENTER, LLC
Ref. Number: L05000029636

We have received your document for COSMETIC FOOT, ANKLE & LEG VEIN CENTER, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 909A00009915

FILED
09 APR - 1 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Cosmetic Foot, Ankle & Leg Vein Center
(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 Oct. 2005 and assigned
Florida document number LD5020029636

This amendment is submitted to amend the following:

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

Foot Ankle & Leg Vein Center, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

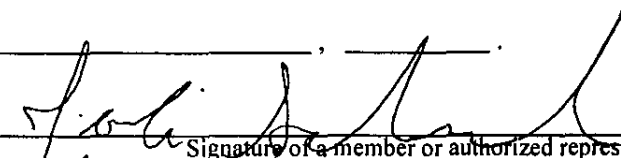
MGRM = Managing Member

<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
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09 APR 1 AM 11:20
SECRETARY OF STATE
TREASURER
CLERK

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

Dated



 Signature of a member or authorized representative of a member
 John Schoenly

 Typed or printed name of signee