## L050000 78658

(Re	equestor's Name)		
(Ad	ldress)	_	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ви	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	·		

Office Use Only



700107664457

09/13/07--01012--001 \*\*35.00

SECRETARY OF STATE IS SECRETARY OF CORPORATIONS
UNVISION OF CORPORATIONS
27 AND 24 PH 4: 23

J. BRYAN AUG 1 4 2007



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2007

KALE KRITCH FIRST AMERICAN FINANCIAL SERVICES 2430 ESTAUCIA BLVD. STE. 204 CLEARWATER, FL 33761

SUBJECT: OMEGA-CHOICE, LLC Ref. Number: L05000078658

SECRETARY OF STATE IS STATE OF CORPORATIONS OT AUG 24 PM 4: 23

We have received your document for OMEGA-CHOICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 807A00049490

## **COVER LETTER**

SUBJECT: Omega - Choice, LLC (Name of Limited Liability Company)	
(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:	
Kale Kritch	DINISION OF 24 PH 4: 23
(Name of Person)	9
First American Financial Sorumes 5	ر ا
(Firm/Company)	P.
2430 Estancia Blud. Ste 204	نغ
(Address)	23
Clearwater FL 33761 (City/State and Zip Code)	
(Only, State and Elp Code)	
For further information concerning this matter, please call:	
1/6 1/64/	
. Kale Krites at (727) 712 2214  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy	
(additional copy is enclosed)	l
acknowledged receipt of on your letter.	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ouega- Choice LLB.

(Present Name)

(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 8/20/2007 and assigned document number LOS0000 78658	OT AUG 5
SECOND:	This amendment is submitted to amend the following:  Change name from Omega-Chorce, LLC.  to Botanical Resource MedSpa, LLC.	
Dated	August 20th, 2007.	
Dateu	Panely Suffel Signature of a member or authorized representative of a member	
	Pamela See feld Typed or printed name of signee	

Filing Fee: \$25.00 \* Already Serof \$\frac{4}{3500}\$
which you acknowledged
receipt of an previous letter