

L05000109478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

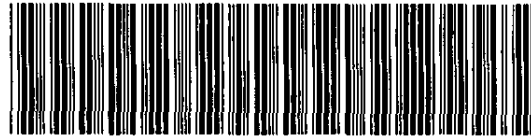
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JUL 19 2012

EXAMINER



700237100757

07/05/12--01008--015 **25.00

FILED
12 JUL 18 PM 3:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intl. Institute of Cosmetic Enhancement, 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:

Suzy Courcy
Name of Person

Institute of Cosmetic Enhancement
Firm/Company

1831 Bella Vista Way
Address

Port Saint Lucie, FL 34952
City/State and Zip Code

BTYMARX@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzy Courcy at (772) 209-2242
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 JUL 18 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Intl. Institute of Cosmetic Enhancement, 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 11/14/05 and assigned
Florida document number LO50000109478.

This amendment is submitted to amend the following:

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

Institute of Cosmetic Enhancement, 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)

→ 1981 SE. Port Saint Lucie Blvd.
~~10604 S. US 1, Suite 100~~
Port Saint Lucie, FL
34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1831 Bella Vista Way
Port Saint Lucie, FL
34952

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:

Suzy Carcy

New Registered Office Address:

1831 Bella Vista Way

Enter Florida street address

Port Saint Lucie, Florida 34952
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

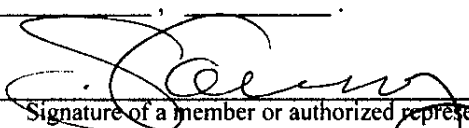
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Suzy Corray	1831 Bella Vista Way Port Saint Lucie, FL 34952	<input checked="" 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.)

Dated _____


 Signature of a member or authorized representative of a member
 Suzy Corray
 Typed or printed name of signee