105000 11 7736

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (isdioss) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Socialistic Nations) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| 217 |
| |
| Office Use Only C 1110 |



000065665090

02/13/06--01027--015 **60.00

SECOLUSION 2:C

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Laser Aestherics of Florida, LLC |
| (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Seth A. Levine, Esq. |
| (Name of Person) |
| Richman & Levine, P.C. |
| (Firm/Company) |
| 666 Old Country Road, Suite 101 |
| (Address) |
| Garden City, NY 11530 |
| (City/State and Zip Code) |
| (City/State and Zip Code) For further information concerning this matter, please call: Seth A. Levine, Esq. at 516 228-9444 50 20 (Name of Person) (Area Code & Daytime Telephone Number) |
| Seth A. Levine, Esq. at 516 228-9444 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{Certificate of Status & Certified Copy} & \text{Certified Copy} & |

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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laser Aesthetics of Florida, LLC

| | (A Florida Limited Liability Company) | |
|--------------------|---|---|
| FIRST: | The Articles of Organization were filed on and assigned document number | |
| SECOND | : This amendment is submitted to amend the following: | |
| | The name and address of managing members/managers are: | |
| | Bluepoint Medical Services, LLC | |
| | 4300 Alton Road, Suite 2020 | |
| • | Miami Beach, FL 33140 | |
| | | ASS. |
| | Sleep Labs, Inc. | <u> </u> |
| | 2300 West Palm Beach Blvd,, Suite 200 | الغب ² : مري <u>ر:</u> مرير: |
| | West Palm Beach, FL 33409 | OHE CONTROL |
| | | *** |
| | | |
| Dated ¹ | February 9 2006 | - |
| Dateu | · · · · · · · · · · · · · · · · · · · | |
| | /S/ SCOTT WARANTZ Signature of a member or authorized representative of a member | |
| į | SCOTT WARANTZ | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00