

LO6000011515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

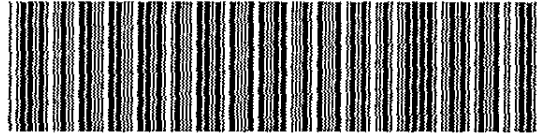
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100080563591

10/20/06 --01039--009 **25.00

FILED
06 OCT 20 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan OCT 23 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beau Visage Medispa, 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:

Scott Maurer

(Name of Person)

Jack M. Callahan, P.A.

(Firm/Company)

451 Central Park Drive

(Address)

Largo, FL 33771

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Maurer

(Name of Person)

at (727) 581-9853, x123

(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
06 OCT 20 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Beau Visage Medispa, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02/01/2006 and assigned
document number L06000011515

SECOND: This amendment is submitted to amend the following:

Remove Debra L. Jeakle as a Managing Member of the LLC pursuant
to a LLC resolution agreed to by a majority of the members of the LLC.

Dated _____

Gail M. Sadler
Signature of a member or authorized representative of a member

Gail M. Sadler

Typed or printed name of signee

Filing Fee: \$25.00