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(Business Entity Name)

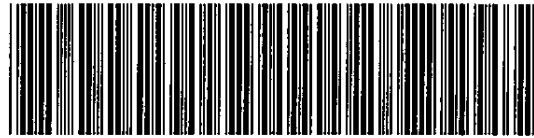
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AESTHETICS CLINIQUE OF FLORIDA 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:

PEDRO A VILLA MD

(Name of Person)

AESTHETICS CLINIQUE OF FLORIDA LLC

(Firm/Company)

17900 NW 5th STREET, SUITE 201

(Address)

PEMBROKE PINES, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO A VILLA MD

(Name of Person)

at (954) 376-7127

(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

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TALLAHASSEE FLORIDA

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

AESTHETICS CLINIQUE OF FLORIDA LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 7/06/2006 and assigned document number L06000067532.

SECOND: This amendment is submitted to amend the following:

THE FOLLOWING MANAGER MEMBERS WERE NOMINATED AND ELECTED:

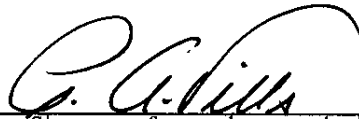
1. JUAN CASTILLO-PLAZA, MD

2. PEDRO A VILLA, MD

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TALLAHASSEE FLORIDA

FILED

Dated 12/20, 2006.



Signature of a member or authorized representative of a member

PEDRO A VILLA MD

Typed or printed name of signee

Filing Fee: \$25.00