

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000142095 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BROAD AND CASSEL-W

Account Number : I19990000010

Phone

: (561)832-3300

Fax Number

: (561)655-1109

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Mesthetics @comcas

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEM GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	<b>#</b> 2
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 3 1 2012 T. HAMPTON

5/30/2012

561 655 1109

NO. 9809 P. 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 HAY 30 AM 7: 54

MI	M GROUP LLC		
(Name of the Limited Liabi (A Florid	lity Company as It now appella Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	August 22, 2006	and assigned
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the li	mited liability company h	ere;	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on I <u>dress here</u> ;	our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>	Ctty	, Florida	Zip Code
	City		ыр Соав

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

(((H12000142095 3))) address of each Manager If amending the Managers or Managing Members on our records, enter the title. name. and or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGRM ML-Estethics inc. 9888 Woodworth Ct ☐ Add Wellington FL 33414 Remove ∏ Add Remove ☐ Add Remove Add Remove □Add Remove DbA□ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 25 2012 Dated\_ Signature of a member or authorized representative of a member Andrew K. Fritsch, Esq., Authorized Representative

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00