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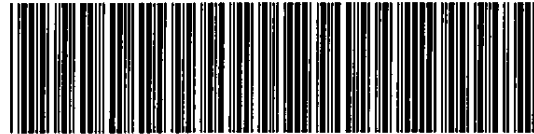
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DERMACARE CLINIC OF PEMBROKE PINES, 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:

EDUARDO E GADEA

(Name of Person)

EDUARDO E GADEA, CPA

(Firm/Company)

10689 N KENDALL DR, SUITE 215

(Address)

MIAMI, FL 33176-1525

(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO E GADEA, CPA

(Name of Person)

at (305) 595-0634

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DERMACARE CLINIC OF PEMBROKE PINES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on OCTOBER 26, 2006 and assigned document number L06000103621.

SECOND: This amendment is submitted to amend the following:

NAME CHANGE TO THE FOLLOWING:

AESTHETICS CLINIQUE OF PEMBROKE PINES, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Dated OCTOBER 26, 2006.

Signature of a member or authorized representative of a member

EDUARDO E. GADEA, C.P.A.
10639 N. KENDALL DRIVE
SUITE 215

MIAMI, FLORIDA 33176
Typed or printed name of signee

Filing Fee: \$25.00