

L07000033513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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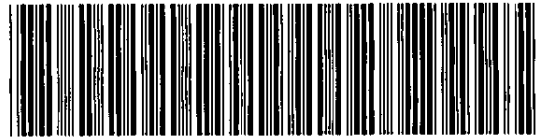
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 06/18/2014

REF. #: 7745214.9182824

CORP. NAME: LIFESTYLE SOLUTIONS MEDPSA, P.L.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK # 70022109 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY
☐ CERTIFICATE OF GOOD STANDING
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFESTYLE SOLUTIONS MEDSPA, P.L.
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:

Michael M. Holloway, M.D.

Name of Person

Lifestyle Solutions MedSpa I, LLC

Firm/Company

2139-B N.E. 2nd Street

Address

Ocala, Florida 34470

City/State and Zip Code

MH@LSMedspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel A. Starkey, Esq. at **(904) 798-3700**

Name of Person

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

LIFESTYLES SOLUTIONS MEDSPA, P.L.

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shannon Holloway	2139-B N.E. 2nd Street	<input checked="" type="checkbox"/> Add
		Ocala, Florida 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

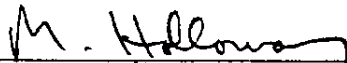
Add the following Article:

"ARTICLE VIII: The purpose for which the limited liability company
is organized is for any and all lawful business."

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 18, 2014.



Signature of a member or authorized representative of a member

Michael M. Holloway, M.D., its Manager

Typed or printed name of signer

FILED
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TALLAHASSEE FLORIDA