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'CORPDIRECT 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. () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () 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

(XX) PLAIN STAMPED COPY () CERTIFICATE OF STATUS

COVER LETTER

TO: Registration Section **Division of Corporations**

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.

Lifestyle Solutions MedSpa I, LLC

Firm/Company

2139-B N.E. 2nd Street

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

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

LIFESTYLES SOLUTIONS MEDSPA, P.L.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 03/28/20	007 an	d assigr	ned
Florida document number L07000033513				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Lifestyle Solutions MedSpa I, LLC				
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)			14	
		1 (1) 2 (+ 1) 2 (+ 1)	<u></u>	r Island It
		50.7		equipme elet
Enter new mailing address, if applicable:		Project.	<u>က</u>	
(Mailing address MAY BE A POST OFFICE BOX)			ž	1 1
		SE	#: ==	
		DA:	ח	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the na	me of	the nev
registered agent and/or the new registered office address here	•			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street a	addrass		
	Emer riorida sireere	1441 E 33		
	Citv	_, Florida Zip (lorida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		24		
I hereby accept the appointment as registered agent and agree	e to act in this canacity	I further goree to	comnlv	with the
provisions of all statutes relative to the proper and complete				

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 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

ritle MGR	Name Shannon Holloway	Address 2139-B N.E. 2nd Street Add
		Ocala, Florida 34470 Remove
		[편] Add [편]
		—————————————————————————————————————
		Remove
		Remove
		Remove

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: (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 of authorized representative of a member Michael M. Holloway, M.D., its Manager Typed or printed name of signee					
Typed of printed name of signed	14 JUN 18 PH Line.				

Page 3 of 3

12 to 1, 20, 21

Filing Fee: \$25.00