

LO7000034352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

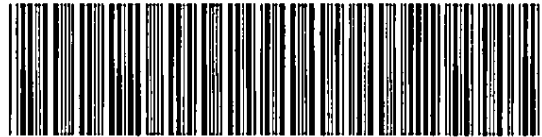
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S. WARREN
TALLAHASSEE, FLORIDA

S. WARREN

DEC 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

JOHN J. OBI, MD
1300 MARSH LANDING PKWY, SUITE 104
JACKSONVILLE BEACH, FL 32250

SUBJECT: JACKSONVILLE PLASTIC SURGERY & MEDSPA, LLC
Ref. Number: L07000034352

We have received your document for JACKSONVILLE PLASTIC SURGERY & MEDSPA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00022794

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACKSONVILLE PLASTIC SURGERY & MEDSPA, 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:

JOHN J OBI

Name of Person

JACKSONVILLE PLASTIC SURGERY & MEDSPA, LLC

Firm/Company

1300 MARSH LANDING PARKWAY Unit 104

Address

JACKSONVILLE BEACH, FL 32250

City/State and Zip Code

drjjobi@aol.com

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

For further information concerning this matter, please call:

John J Obi

904

318-4762

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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SW

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

JACKSONVILLE PLASTIC SURGERY & MEDSPA, LLC

(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 03/30/2007 and assigned
Florida document number L07000034352.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OBI BIOAESTHETIC INSTITUTE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1300 MARSH LANDING PARKWAY

SUITE 104

JACKSONVILLE BEACH, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3599 UNIVERSITY BOULEVARD SOUTH

SUITE 1600

JACKSONVILLE FL 32216

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JOHN J OBI

New Registered Office Address: 3599 UNIVERSITY BOULEVARD SOUTH SUITE 1600

Enter Florida street address

JACKSONVILLE, Florida 32216
City Zip Code

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 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 Changing Registered Agent, Signature of New Registered Agent

FILED
NOV 30 2007
CLERK OF THE
STATE
JACKSONVILLE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	JOHN J OBI	3599 UNIVERSITY BOULEVARI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/28/2017

Signature of a member or authorized representative of a member

JOHN J ORI

Typed or printed name of signee

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17 NOV 30 PM 1:49
SOUTHERN DISTRICT
OF FLORIDA