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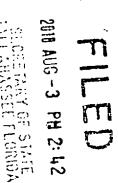
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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:		Marvin Shienbaum MD LL	.c			
SUBJECT.		Name of Lin	nited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Marvin Shienbaum				
			Name of Person			
		Brandon Plastic Surger	у			
			Firm/Company			
	500 Vonderberg Drive 110W					
			Address			
		Brandon Florida 33	511			
			City/State and Zip Code			
		BPS500@aol.com			12	
		h-mail address: (to be used for future annual report notificat	ion)	2018 SEC TALL	
For further in	oformation co	oncerning this matter, please co	all:		AUG	1 }
Marvin Shie	enbaum		813 8337522		388. 488. 488. 488. 488. 488. 488. 488.	
	Name of			lephone Number	PH 2: 42	
		e following amount:			3,11	
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	

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

Marvin Shiendaum MD LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appear: Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company Florida document number L07000056380	were filed on	May 29 , 2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	re:	
Brandon Plastic Surgery LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N	//A	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on	our records, <u>ent</u>	ter the name of the nev
Name of New Registered Agent:		N/A	2018 A
New Registered Office Address:	Enter Flori	da street address	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
	City	, Florida	Zan Code:
New Registered Agent's Signature, if changing Registered Agent:	•		FA ACT

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

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>	Type of Action
		N/A	Add
			□ Remove
		·	Change
<u></u>			
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)
It an effective Note: If the		specific and cannot be prior to date t does not meet the applicable st	of filing or more than 90 days after fi atutory filing requirements, this d	ling.) Pursuant to 605.0	
	specifies a delayed e n day after the record		effective time, at 12:01 a.ı	m. on the earlier	r of:
Dated	July 31	2018			
<u>-</u>					
	<i>M</i> //				

Page 3 of 3

Filing Fee: \$25.00