## 107000088477

•					
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(Address)					
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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 2 8 2008

EXAMINER

## 14-3 1

## **COVER LETTER**

TO:	Registration Section			
	Division of Corporation			

<sub>SUBJECT:</sub> Hair G	ain Institute, LLC					+
	(Name of Lim	ited Liability Company)				
•						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Cindy Bush					
		(Name of Person)				
		(Firm/Company)				
	5210 Webb Road			SEC	180	enstra
		(Address)		RE V	08 MAY 27	i cree
	Tampa, FL 33615			ASSE		) Leaner
		(City/State and Zip Code)		E FE	P	6
For further information	concerning this matter, please c	all:		F STATE FLORIDA	3: 57	C.
Cindy Bush		at (_813_)_882-9986				
(Name	of Person)	(Area Code & Daytime T	elephone Number	r)		
Enclosed is a check for t	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 Fili Certificat Certified (addition	e of Stat Copy		sed)

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

Hair Gain institute, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our Limited Liability Company)	recorus.)
The Articles of Organization for this Limited Liability Florida document number L07000088477	Company were filed on August, 2007	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the lir	nited liability company here:	
Laser Hair Gain Institute, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TAS 0
(Principal office address MUST BE A STREET ADD	PRESS)	
		De la companya della companya della companya de la companya della
		SEI 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		IDA 37
B. If amending the registered agent and/or registered agent and/or the new registered office ad		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flori	da street address)
		Florida
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Title <u>Name</u> <u>Address</u> **MGRM** Panos Vasiloudes 5210 Webb Road **□** Add Tampa, FL 33615 Remove Paul Rose MGRM 5210 Webb Road **m** ✓ Add Tampa, FL 33615 Remove Dermatology Academic Alliance in Dermatolog MGRM 5210 Webb Road **n**i7 Add Remove Tampa, FL 33615 ☐ Add Remove ┌ Add ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ ignature of a member or authorized representative of a member Typed or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00