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JIVISION OF CORPORATION

OR OF C 22 PM 3: 12

J. BRYAN
DEC 23 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ADVANCED COSMETIC CARE 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:	
DR. MAGED SAMAAN (Name of Person)	
ADVANCED MEDICAL CARE (Firm/Company)	SA S
734 ELKCAM BLVD.	OB OLC 22 PH 3: 1-2
(Address)	P 76 76 76 76 76 76 76 76 76 76 76 76 76
DELTONA, FI 32725 (City/State and Zip Code)	3. 1
(City/State and Zip Code)	N 35
	•
For further information concerning this matter, please call:	
OR. SAMAAN at (386) 532-8200 (Area Code & Daytime Telephone Number)	
(Name of Person) at (286) 532-8200 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\subseteq \text{\$55.00 Filing Fee & Certificate of Status} \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq \seteq \seteq \seteq \seteq \text{\$\subseteq \seteq \set	atus &

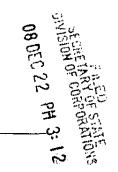
MAILING ADDRESS:

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



ADVANCED COSMETIC CARE 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 1/24/2008 and assigned Florida document number L0800008450

This amendment is submitted to amend the following:

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

ADVANCED MEDICAL

The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	734 ELKCAM BLVD. DELTONA, FL 32725
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	734 FLK CAM BLUD. DELTONA, FI 32725

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:	DK, MAGED SAMAAN		
New Registered Office Address:	4044 W. LAH	CE MARY BLVD.	
	UNIT# 104-232 (Enter Florida street address)		
	LAKEMARY	Florida 32746-2012	
	(CT: 1	(Tr. (7. 1)	

(City)

v) (Zip Code)

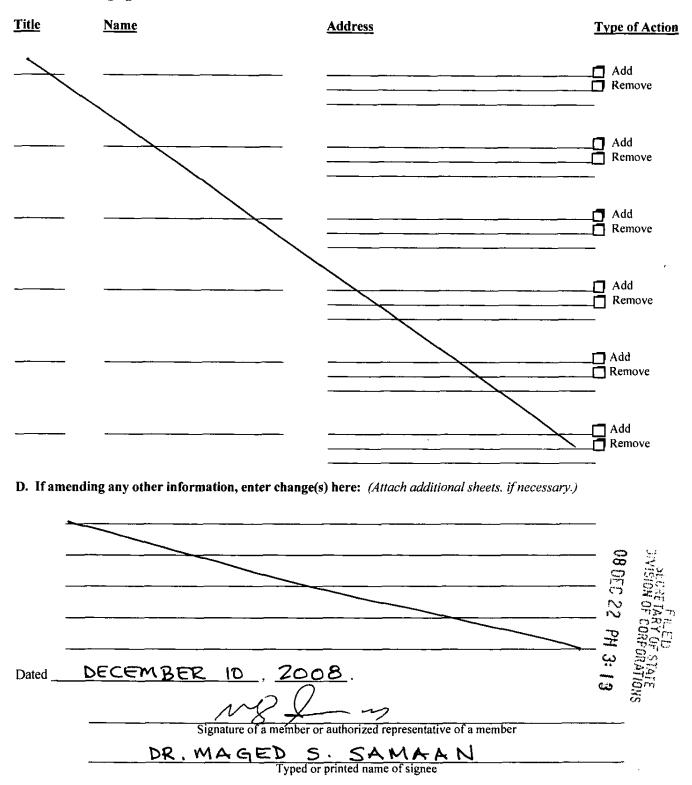
New Registered Agent's Signature, if changing Registered Agent:

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



Page 2 of 2

Filing Fee: \$25.00