

L08000022716

Division of Corporations

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Florida Department of State
Division of Corporations
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Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANYNAMEIWANT LIMITED LIABILITY COMPANY
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:

Name of Person
RICARDO MARTINEZ-CID
Firm/Company
1699 Coral Way, Suite 510
Address
Miami, Florida 33145-2860
City/State and Zip Code
gill.guadalupe@att.net, cc: theplatinum@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID 305 632 1950
Name of Person at () Area Code Daytime Telephone Number

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

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2016 APR 27 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANYNAMEIWANT LIMITED LIABILITY COMPANY

(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 March 4, 2008 and assigned
Florida document number ~~L080000227120~~ L08000022716

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1555 North Treasure Drive

Apt #512

North Bay Village, Florida 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1555 North Treasure Drive

Apt #512

North Bay Village, Florida 33141

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:

New Registered Office Address:

1555 North Treasure Drive, Apt #512

Enter Florida street address

North Bay Village

Florida 33141

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

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>
G-MGR	DEDE COHEN	Le Grand St Martin, Les Cocotier 5	<input checked="" type="checkbox"/> Add
		Marigot, 97150 Saint Martin	<input type="checkbox"/> Remove
		FWI French West Indies	<input type="checkbox"/> Change
G-MGR	KEVYN MAURICE COHEN	Le Grand St Martin, Les Cocotier 5	<input checked="" type="checkbox"/> Add
		Marigot, 97150 Saint Martin	<input type="checkbox"/> Remove
		FWI French West Indies	<input type="checkbox"/> Change
A-MGR	GIL GUADALPI	1555 North Treasure Drive, Apt #5	<input checked="" type="checkbox"/> Add
		North Bay Village, Florida 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
G-MGR	CHRISTEL LOUISE ANDREE CC	Le Grand St Martin, Les Cocotier 5	<input checked="" type="checkbox"/> Add
		Marigot, 97150 Saint Martin	<input type="checkbox"/> Remove
		FWI French West Indies	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE XIII of the Articles of Organization, as previously amended on March 16, 2016, is amended to read, as follows:

"ARTICLE XIII - Number of Managers, Duties of General Managers of the Assistant Manager and Requirements Regarding Real Estate Dealings:

The Limited Liability Company will be managed by three (3) General Managers ("G-MGR") and an Assistant Manager ("A-MGR"). The acquisition and the transfer of any interest in real estate by the Limited Liability Company, other than a lease not exceeding a term of two (2) years, will require the joint signatures of two (2) General Managers, except that and provided, however, that DEDE COHEN, while serving as a General Manager will have similar duties to the presidents of Florida corporations and is expressly authorized to purchase, lease or transfer any interest in real estate for or by the Limited Liability Company by his sole signature. The Assistant Manager of the Limited Liability Company will be in charge of all day to day affairs of the Limited Liability Company, but will not be involved in the acquisition and the transfer of any interest in real estate by the Limited Liability Company, other than a lease, not exceeding a term of one (1) year."

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 April _____, 2016

Signature of a member or authorized representative of a member

DEDE COHEN

Typed or printed name of signer

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TALLAHASSEE, FLORIDA