

**L08000034821**Florida Department of State  
Division of Corporations  
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## To:

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## From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**RELC AMEND/RESTATE/CORRECT OR M/MG RESIGN****NATURAL IMAGE PLASTIC SURGERY, P.L.C.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

CA 10-16

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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2008 OCT 15 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NATURAL IMAGE PLASTIC SURGERY, P.L.C.

(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 April 7, 2008 and assigned  
Florida document number L08000034821.

This amendment is submitted to amend the following:

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

AJG AESTHETICS, P.L.C.

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

(Enter Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

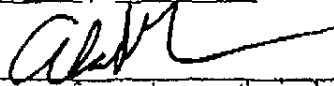
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Dated October 15<sup>th</sup>, 2008



Signature of a member or authorized representative of a member

Alan S. Gassman, Authorized Representative

Typed or printed name of signee

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