

LD 80000068868

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Blue Plastic Surgery, 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:

Matthew Pisoni
(Name of Person)

Medinvest Group, LLC
(Firm/Company)

409 SE 160T
(Address)

Ft. Lauderdale, FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcus Pradel at (561) 756-3979.
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Ocean Blue Plastic Surgery, 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 8/28/08 and assigned
Florida document number LO8000068868

This amendment is submitted to amend the following:

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

Ocean Blue Plastic Surgery, LLC
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)

1900 Brickell Ave
Miami, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

409 SE 16 CT
FT. Lauderdale, FL 33316

**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:

Medinvest Group, LLC
409 SE 16 CT F
(Enter Florida street address)
FT. Lauderdale, Florida 33316
(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:

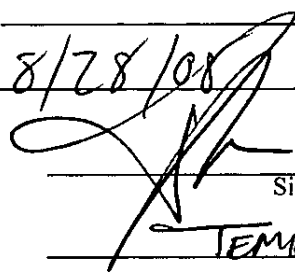
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Okpaku, Anire	1900 Brickell Ave Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Okpaku, Temisan	1900 Brickell Ave Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pisoni, Matthew	1900 Brickell Ave Miami, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pradel, Marcus	1900 Brickell Ave Miami, FL 33129	<input checked="" 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.)

Dated 8/28/08



Signature of a member or authorized representative of a member

TEMISAN OKPAKU

Typed or printed name of signee

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08 AUG 29 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA