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(Requestor's Name)				
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(Business Entity Name)				
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J. BRYAN

MAY 17 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	
SUBJECT: <u>LU</u>	TE AESTHETIL MEDICAL & BOUNES TRAINING, LLC Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	MIKE VAN THIELEN Name of Person
	EUTE AESTHETIC, MEDICAL & BOUNTED TRAINING LUC.
	1221 DRAYCOTC ST. Address
	ORMOND BEACH FL. 32174 City/State and Zip Code
	DRIMINEYT & YMail COM E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
	E-mail address: (to be used for future annual report notification) a concerning this matter, please call: AN THIELEN at (386) 216 - 1955 Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thatsee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability C	ombany as it now appears on our	BULLHELL TRAINING records.)
(A Florida Lir	nited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on 19\61	2068 and assigned
Florida document number 108000 11601	1	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	SS)	77
Enter new mailing address, if applicable:		22 - 11
(Mailing address MAY BE A POST OFFICE BOX)		mg 3 O
		703
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		rds, enter the name of the new
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 **Title** <u>Name</u> <u>Address</u> **Type of Action** TONI HICKOX Add 62 MARMION AUE Remove CANADA ☐ Add Remove □ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 05.11.9010 , -Dated ___ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00