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LICENSES ETC

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Division of Corporations

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L09000027772

Florida Department of State

Division of Corporations

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Division of Corporations
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From:

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Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****RENUE MEDICAL SPA, LLC**

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S. HAWKES

APR 28 2009

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renue Medical Spa, 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:

Lesley A. Turnpaugh
(Name of Person)

Renue Medical Spa, LLC
(Firm/Company)

1941 Oakes Blvd.
(Address)

Naples, FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

Lesley A. Turnpaugh at (239) 253-1390
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Renue Medical Spa, 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 3/23/09 and assigned
Florida document number L09000027772.

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 end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

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)

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Lesley A. Turnpaugh	1941 Oakes Blvd. Naples, FL 34119	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lesley A. Turnpaugh	1941 Oakes Blvd. Naples, FL 34119	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Albert Alessi	9400 Bonita Beach Road Suite 102 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Patricia Alessi	9400 Bonita Beach Road Suite 102 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Add <input checked="" 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 April 27, 2009

Lesley A. Turnpaugh

Signature of a member or authorized representative of a member

Lesley A. Turnpaugh

Typed or printed name of signee

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Filing Fee: \$25.00

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