L09000094800

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Center's for Wom	en's Health of America, Ll
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Jessica	Bracen Name of Person
Orlando Casm	dic Surgical Arts, LLC
2711 N. Ora	ange Blassom Trail
Kissimmee,	FL 34744 City/State and Zip Code
<u>JMCepero</u> E-Mail address: (1)	© a o l . Co M o be used for future annual report notification)
For further information concerning this matter, please ca	II:
Jessica Bracero Name of Person	at (407) 380 - 030 2 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
1 \$25.00 Filing Fee South Status Certificate of Status Poi O	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Centers for Women's He (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900094800</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 09/30/2009 Tand assence
Orlando Cosmetic Surgica The new name must be distinguishable and contain the words "Sedited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2711 N. Drange Blossom Trail Kissimmee, FL 34744
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2711 N. Orange Blossom Trail Kissimmee, FC 34744
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Jessi New Registered Office Address: 2711 N	ca Cepero Bracero Drange Blossom Trail

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.

Xessuca Open Macuo
Changing 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>	Name	Address	Type of Action
AMBR_	Jessica Cepero Bracer	0 14890 Bicky Rd.	Xivid
		0 14890 Bicky Rd. Orlando, Fc 32824	□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add 2820 . SEC.
			APPROPRIES SET Change
			SECRETARY STATE
		 	□Remove
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fective date, if other than the date of filing: The date of filing fective date is listed, the date must be specific and cannot be prifer to date of filing. If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	(optional) gor more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis
ord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	a.m. on the earlier of: (b) The 90th day aft
May 28 2020	<i>)</i>
	a,10x
Signature of a member or authorized represent	tative of a member

Filing Fee: \$25.00