

Log 000112131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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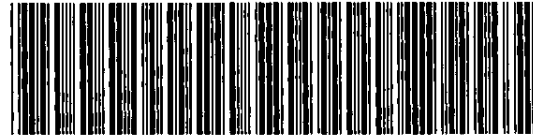
(Business Entity Name)

(Document Number)

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OCT 15 2012

EXAMINER

Log-112131

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropicalaser of Boca Raton 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:

Dawn Risk
Name of Person

TL Medical Enterprises LLC
Firm/Company

One South Ocean Blvd 306
Address

Boca Raton, FL 33432
City/State and Zip Code

Dawn@TROPICALASER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Risk at 754-366-3493
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 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
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**

Tropicalaser of Boca Raton 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 11/23/09 and assigned Florida document number 271349991.

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 "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:

Dawn Risk
One South Ocean Blvd 306
Enter Florida street address
Boca Raton, Florida 33432
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.

Dawn Risk
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	Name	Address	Type of Action
MGRM	TL Medical Enterprises LLC	one South Ocean Blvd ³⁰⁶ Boca Raton FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Claudia Cardou	4474 Weston Rd #143 Weston FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Luis Foglio	4474 Weston Rd 143 Weston FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jaime Mejia	9079 Plymouth Pl. Tamarac FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 5, 2012

Signature of a member or authorized representative of a member

Dawn Risk

Typed or printed name of signee