

L100 CAC 50627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

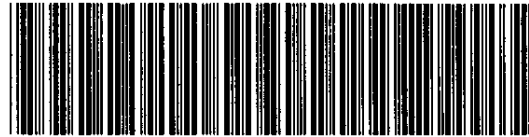
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.L. Medical Enterprises, 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:

Maria Gabriella Evanoff
Name of Person

TL Medical Ent / TROPICALASER
Firm/Company

12542 Pines Blvd
Address

Pembroke Pines FL 33027
City/State and Zip Code

Maria - gabriela - 2 @ hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gabriela Evanoff at 954 529-6888
Name of Person Area Code Daytime Telephone Number
Dawn Rusk 754 366-3493

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**

T. L. Medical Enterprises 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 _____ and assigned Florida document number _____.

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)

Tropicalaser / TL Medical Ent LLC
12542 Pines Blvd
Pembroke Pines FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Tropicalaser / TL Medical Ent
12542 Pines Blvd
Pembroke Pines FL 33027

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:

Maria Gabriela Evanoff

New Registered Office Address:

12542 Pines Blvd

Enter Florida street address

Pembroke Pines, Florida 33027

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 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.

Maria Gabriela Evanoff
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dawn Risk	One South Ocean Blvd 4 Boca Raton FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Maria Gabriela Evanoff	Tropicaliser 12542 Pines Blvd Pembroke Pines FL 33027	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

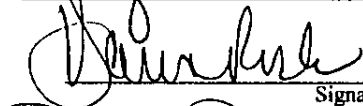
Dawn Risk is to be taken off all
T.L. Medical Enterprises LLC and Tropicalaser
Subsidiaries - Including but not limited to
Tropicalaser of Boca, TL Boca LLC, TL Dawn LLC
Tropicalaser of Pembroke Pines LLC

E. Effective date, if other than the date of filing: _____ (optional)

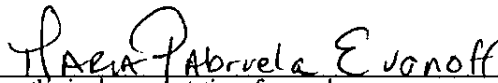
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated

August 11, 2014



Signature of a member or authorized representative of a member



Dawn Risk

Typed or printed name of signee

Maria Gabriela Evanoff