

L10000006243

(Requestor's Name)

(Address)

(Address)

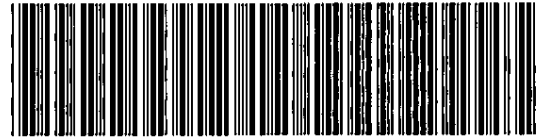
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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TALLAHASSEE, FLORIDA

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**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SURGEON'S COSMETIC CENTER & MEDSPA, 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:

✓ ENRIQUE L. GOMEZ  
Name of Person

✓ SURGEON'S COSMETIC CENTER MEDSPA, LLC  
Firm/Company

✓ 8585 SW 72 Street Suite 107  
Address

✓ MIAMI, FL 33143  
City/State and Zip Code

✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

✓ ENRIQUE L. GOMEZ at 305, 790-5861  
Name of Person Area Code & Daytime Telephone Number

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

SURGEON'S COSMETIC CENTER & MEDSPA, 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 JUNE 21, 2010 and assigned  
Florida document number L10000066243.

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:

✓ ENRIQUE L. GONZALEZ

New Registered Office Address:

✓ 8585 SW 72 ST Suite 107

Enter Florida street address

MIAMI, Florida 33143

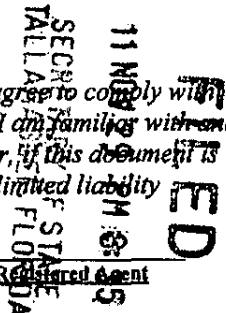
City

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.

[Signature]  
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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANNAEH VILLA	10950 SW 89 TERRACE MIAMI, FLORIDA 33176	<input type="checkbox"/> Add <input checked="" 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
_____	_____	_____	<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.)*

1-COMPANY SHALL HAVE ONLY ONE MEMBER, ONE MANAGER AND ONE

2-PROFIT/LOSS PERCENTAGE IS 100% TO ENRIQUE L. GOMEZ, M.D.

Dated 11-2-11

  
Signature of a member or authorized representative of a member  
✓ ENRIQUE L. GOMEZ  
Typed or printed name of signee