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f <del>an ieu a</del> int	To:	Division of Corporation Fax Number : (850)6		ECRETARY
	From:	Account Name : LINDEL Account Number : 120030 Phone : (904)8 Fax Number : (904)8	80-4000	Y OF STATE
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		COVER LETTER	No. 1436 ((H111000191392 3))			
CO: Registration : Division of C	Section orporations					
SUBJECT:		ss MD Spa, PL				
	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
	Ro	ger K. Gannam, Esquire				
		Name of Person				
		Lindell & Farson, PA				
		Firm/Company				
	12276	San Jose Blvd., Suite 126				
		Address				
	J	Jacksonville, FL 32223				
	_	City/State and Zip Code				
	E-mail address: (	to be used for future annual report notificati	(on)			
or further information	concerning this matter, please	call:				
	concerning this matter, please		0.4000			
Ro	concerning this matter, please ger K. Gannam of Person		0-4000 Sephone Number			
Ro Name	ger K. Gannam of Person	at ( 904 )88				
Ro Name Enclosed is a check for	ger K. Gannam of Person the following amount:	at (904_)88 Area Code & Daytime Te	lephone Number			
Ro Name	ger K. Gannam of Person	at ( 904 )88				
RO Name Inclosed is a check for \$25.00 Filing Fee MAI	ger K. Gannam of Person the following amount: [v]\$30.00 Filing Fee & Certificate of Status	at ( <u>904</u> ) <u>88</u> Area Coda & Daytime Te []\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) STREET/COURIER	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Ro Name Inclosed is a check for \$25.00 Filing Fee MAI Regis Divis	ger K. Gannam of Person the following amount: [v]\$30.00 Filing Fee & Certificate of Status	at ( <u>904</u> ) <u>88</u> Area Coda & Daytime Te [\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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Jul. 28. 2011 9:25AM	No. 1436 P. 3 , (((H11000191392 3)))
ARTICLES OF A	
TO ARTICLES OF OF	
OF	1
	SECRETARY OF STATE TALLAHASSEE.FLORIDA
Timeless MC	) Spa, PL
(Name of the Limited Liability Company (A Florida Limited Liability	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 07/12/2010 and assigned
	were med on and assigned
Florida document numberL10000073279	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :
Timeless MD S	Spa, LLC
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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 offi 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

Page 1 of 2

## Jul. 28. 2011 9:25AM

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



