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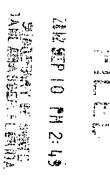
(Requestor's Name)									
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T. CLINE

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EXAMINER

COVER LETTER

TO:

Registration Section

Division	of Corporation	ons							
SUBJECT:		Pristine	Laser Ce	enter, LLC					
= = = = = = = = = = = = = = = = = = =	"		Limited Liabilit	•					
The enclosed Arti	icles of Amend	lment and fee(s) are	e submitted for	filing.					
Please return all c	correspondence	concerning this ma	atter to the follo	owing:					
			\$ 4 a la mara na	ad Calanaia					
				ad Eskandar e of Person	1				
			Nam	e of Person					
				er Center, L	LC	*			
			Firm	/Company					
		1180 Sp		South Blvd.	Suite #114				
			^	ddress					
	and the second	neta Alta	amonte Spri		⊆⊭1130 a 32714''⊕ (1	_(4)			
	Part of the		City/State	e and Zip Code	- ;;				
			pristinelase	er@gmail.co	m.				
	•	E-mail addre	ess: (to be used fo	or future annual rep	port notification)		52 (a	Eprication	
For further inform	nation concern	ing this matter, plea	ase call:					75. 74.	<u>.</u>
	Mohammad	Fekandari		(407)	389-	1200	25		naes Janes
	Name of Person		at		E Daytime Telep			0	į.
							*** <u>**</u>		Ε ^{**} ***
	•						6 0.00	$\ddot{\wp}$	€
Enclosed is a che	ck for the follo	wing amount:				•		(m) -	
▼ \$25.00 Filing	Fee \$	30.00 Filing Fee &		00 Filing Fee &]\$ 60.00 Fil			
		Certificate of Stati		rtified Copy Iditional copy is	enclosed)	Certifica Certified	ite of Stat	ius &	
			(ac	iditional copy is	enciosedy		al copy	is enclos	ed)
		G ADDRESS: STREET/COURIER ADDRESS:							
	Registration S								
Division of Corporations P.O. Box 6327 Division of Corporation Clifton Building									
	Tallahassee, F	L 32314 -		2661 Exec	utive Center C	rele			
				i allanasse	e, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pr (<u>Name of the Limited</u> (A	istine Laser Liability Compa Florida Limited L	Center, LLC ny as it now appears on iability Company)	our records.)				
The Articles of Organization for this Limited Li Florida document numberL10000105		were filed on1	0/07/2010	and assigned			
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,"	the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applic	able:	1180 Spring Centre South Blvd.					
(Principal office address MUST BE A STREE	TADDRESS)	Suite #114					
		Altamonte Spring	gs, Florida 327	14			
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	BOX)			100			
			/ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
B. If amending the registered agent and/or the new registered of	or registered of fice address her	fice address on our t e:	records, <u>enter (</u>	ne name of the new			
Name of New Registered Agent:	<u>.</u>	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:	1180 Spring	Centre South Blvd	Suite #114	ress			
	Altar	nonte Springs	. Florida	32714			
	-	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

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> Type of Action _ Add Remove ∏ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 4th Signature of a member or authorized representative of a member Mohammed Eskandari, Managing Member
Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00