L11000002263

(Red	questor's Name)	···
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COVER LETTER , Registration Section TO: **Division of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HOWARD AVE

Address

TAMPA - FL 33606 (CURRENT ADDRESS).

City/State and Zip Code MEDITSKINCARE @ HOTMAIL. COM. LWILL CHANGE E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 299-2601 ·

Area Code Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 ORGANIZATION OF

MEDITERRANEE SP	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 11000002263</u> .	were filed on OI 06/2011 and assigne
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: 207 N. DALE MABRY House Steel.	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	by Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	207 N. DALE MADRY HOYESTE.
(Principal office address MUST BE A STREET ADDRESS)	11/MPA, FL 33609 99
Enter new mailing address, if applicable:	SAME AS ABOUT TO SEE
(Mailing address MAY BE A POST OFFICE BOX)	3: Q
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	NO CHANGES.
	Enter Florida street address
	, Florida

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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

MGR = MS $AMBR = AU$	anager uthorized Member		
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Signature of a mem	ber or authoriz	zed representativ	e of a member	·		_
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Page 3 of 3

Filing Fee: \$25.00