

L11 0000 04474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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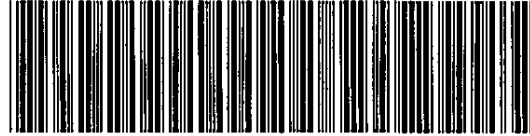
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 27 AM 7:19
2016 JUN 27 PM 11:23

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NU IMAGE MEDICAL SPA 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 8/2/11 and assigned
Florida document number L 11000004474

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:

(Principal office address MUST BE A STREET ADDRESS)

7150 WEST 20TH AVENUE #609
HIACLEAH FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7150 WEST 20TH AVENUE #609
HIACLEAH FL 33016

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:

STEPHANIE M. FORD-LOPEZ

New Registered Office Address:

7150 WEST 20TH AVE #609

Enter Florida street address

HIACLEAH

, Florida

33016

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.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBA	STEPHANIE M. FOJO LOPEZ	7150 WEST 20 TH AVE. #609 HIALEAH FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE M. FOJO LOPEZ	7150 WEST 20 TH AVE #609 HIALEAH FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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16 JUN 27 AM 7:18
SECURITY OF STATE
ATTN: ASST. SEC. T. O'DONN

6/21/21 AM 7:18
STATION OF STAFF
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE, 2016

STEFANIE M. FUJO LOPEZ

Typed or printed name of signee