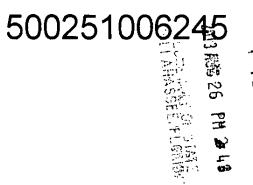
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Special Instructions to F	iling Officer:	
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	A. LUNT	

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## **COVER LETTER**

<sup>*</sup> Divisio	n of Corporations
SUBJECT:	AUATON Med SpatLaser Center LCC
	Name of Limited Liability Company
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Stephanic Schlau
	Name of Person
	AUAION Med SPA + CASER Center LLC Firm/Company
	Firm/Company
	3820 TAMPA RO
	. Address
	City/State and Zip Code  Stephanic - Tamp ASDA Cahotmail-com &  B-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Dephanie Ampaspa (Shotmail-Com & Email address: (to be used for future annual report notification)
For further info	mation concerning this matter, please call:
<u>Stepl</u>	JANIC OCHIAO at (121) 238-93 00 200 as
·	Name of Person Area Code & Daytime Telephone Number
Enclosed is a cl	eck for the following amount:
<b>☎</b> \$25.00 Filin	g Fee $\square$30.00$ Filing Fee & $\square$55.00$ Filing Fee & $\square$60.00$ Filing Fee,
•	Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
	(112

MAILING ADDRESS:

TO:

**Registration Section** 

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

AUALON Med SPA de	r Caser Center	
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 6/7/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
	Ay Spa & laser ce	enter 11c
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		SE S
Enter new mailing address, if applicable:	_	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		55 0 0
		977 #
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	et address	
	, Flori	
	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 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 **Type of Action** <u>Name</u> Address **Title** Add Remove Add Remove t. Remove Remove Add Remove Add Remove

D. I	f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
	•	
	•	
Date	d	08/20/13
		Signature of a member or authorized representative of a member
		Anon Schlau Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00