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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Plastic Surgeons USA, LLC	
Name of Limited Liability Compar	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
April Wiener	
Name of Perso	on
Plastic Surgeons US	A, LLC.
Firm/Compan	iy
504 NE 7th Ave. #2	2011 PACE SE
Address	TO THE TOTAL THE
Fort Lauderdale, FL	33301
City/State and Zip	Code
aprilwiener@gmail.com	
E-mail address: (to be used for future at For further information concerning this matter, please call:	Code PH 2: 28 annual report notification)
April Wiener 954	k 632-2622
Name of Person Area Cod	Daytime Telephone Number
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee, Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	City	Zip Code
	Fla	orida
New Registered Office Address:	Enter Florida street address	s
Name of New Registered Agent:		
s. It amending the registered agent and/or reg egistered agent and/or the new registered office ad		, enter the name of the ne
3. If amending the registered agent and/or reg	rictored office address on our records	C
		STATE 20
Mailing address MAY BE A POST OFFICE BOX)		4,71
Enter new mailing address, if applicable:	***************************************	
		AHASS
		
<u>Principal office address MUST BE A STREET ADL</u>	<u>DRESS)</u>	2 2
Enter new principal offices address, if applicable:		,
he new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
INDEED LOCAL, LLC	7 S. (4. 3 T.) L. (1) L. (2)	C" as the abbreviation 67 I C "
A. If amending name, enter the new name of the lin	mited liability company here:	
This amendment is submitted to amend the following:		
	 ·	
Torida document number L11000093601	Company were fred on	The state of the s
The Articles of Organization for this Limited Liability	Commons were filed on August 15, 20	011 and assigned
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record ida Limited Liability Company)	<u>3.</u>)
Plastic Surgeons USA, LLC.	Hits Company of it now on some on any	-\

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Type of Action <u>Name</u> Address □ Add □ Remove □ Add ☐ Remove □ Add □ Remove □ Add _□ Remove □ Add ☐ Remove

famending any other informatio	n, enter change(s) here: (Attach additiona	sl sheets, if necessary.)
fective date, if other than the da	te of filing:e prior to date of receipt or filed date and cannot be	(optional)
e date this document is filed by the Florid	a Department of State)	Tore than 50 days area
March 22	· 2014	
Sig	nature of a member or authorized representative of	a member
April Wiener	U	* 1 _A 20
	Typed or printed name of signee	ECR. A
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		PH 12: 20 Of State E. Florida
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Filing Fee: \$25.00