

LI 000093601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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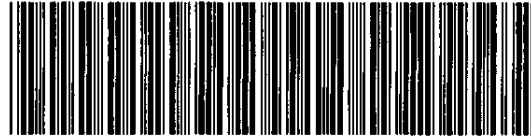
(Business Entity Name)

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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Plastic Surgeons USA, LLC.**

Name of Limited Liability Company

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 Person

**Plastic Surgeons USA, LLC.**

Firm/Company

**504 NE 7th Ave. #2**

Address

**Fort Lauderdale, FL 33301**

City/State and Zip Code

**aprilwiener@gmail.com**

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**April Wiener**

Name of Person

at **954 632-2622**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

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7-4

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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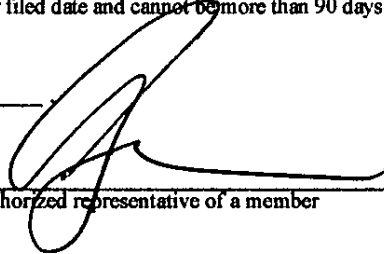
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 22, 2014



Signature of a member or authorized representative of a member

April Wiener

Typed or printed name of signee

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