L11000144302

| (Re | questor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Ad | idress) | | | | |
| (Ad | dress) | <u></u> | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| SEP. 1 0 2012 | | | | | |
| S. TONER | | | | | |
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SECRETARY OF STATE

COVER LETTER

| TO: | Registration Sect Division of Corp | | • | | | | |
|---|---|---|---|--|--|--|--|
| SUBJE | CT: | Cosmetic Surg | ery Management LL | С | | | |
| SOBSE | Name of Limited Liability Company | | | | | | |
| | | | | · | | | |
| The end | closed Articles of A | mendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| | | | | | | | |
| | Name of Person | | | | | | |
| | Cosmetic Surgery Management LLC | | | | | | |
| | Firm/Company | | | | | | |
| | 1200 N. Federal Hwy Suite 200 | | | | | | |
| | Address | | | | | | |
| | | В | loca Raton, FL 33432 | | | | |
| | | | City/State and Zip Code | | | | |
| | Ichua@sleekmedspa.com E-mail address: (to be used for future annual report notification) | | | | | | |
| For fur | ther information co | ncerning this matter, please o | • | 1 | | | |
| | | - | | | | | |
| | Andr Name of | ew Rudnick | at (561) | 400-7500 ytime Telephone Number | | | |
| | Traine of | . 0.30.1. | , non code as sa | , and receptione in animal | | | |
| Enclose | ed is a check for the | following amount: | | | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is enclo | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Registra Division P.O. Box | NG ADDRESS: tion Section of Corporations (6327 see, FL 32314 | Registration So Division of Co Clifton Buildir | rporations | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 SEP -7 AM II: 22

| Cosmetic S (Name of the Limited Liabil) (A Florid | Surgery Management lity Company as it now appear da Limited Liability Company) | LLC s on our records.) | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|---|-----------------------------|---|
| The Articles of Organization for this Limited Liability Florida document numberL11000144302 | | 12/27/2011 | and assigned |
| This amendment is submitted to amend the following | ; | | |
| A. If amending name, enter the new name of the l | imited liability company her | <u>e</u> : | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Compa | ny," the designation "LI | C" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| B. If amending the registered agent and/or reqregistered agent and/or the new registered office a | | ur records, <u>enter th</u> | e name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| · · · · · · · · · · · · · · · · · · · | ess | | |
| <u> </u> | 0: | , Florida | 7: 0.1 |
| | 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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Title</u> **Name Address** Type of Action MGRM Rudnick, Andrew 1200 N. Federal Hwy Suite 200 Boca Raton, FL 33432 ∏Add Remove Rudnick, Catherine MGRM 1200 N. Federal Hwy Suite 200 ✓ Add Remove Boca Raton, FL 33432 ☐ Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective August 31, 2012 Percentage of Ownership as follows: Rudnick, Ronald 51% Rudnick, Catherine 49% August 31 Dated Signature of a member or authorized representative of a member Rudnick, Andrew

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee