## #1/1000/44302

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K.SALY EXAMINER SEP 18 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Cosmetic Surge	ery Management LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
Lucy Chua			
		Name of Person	
	Cosmetic Surgery Management LLC		
	Firm/Company		
	1200 N. Federal Highway Suite 200		
		Address	1700
	Во	oca Raton, FL 33432	
	City/State and Zip Code		
	Ichu	a@sleekmedspa.com o be used for future annual report notificati	
	E-mail address: (to	o be used for future annual report notificati	on)
For further information con	cerning this matter, please ca	all:	
Andre	ew Rudnick	at ( 561 ) 40	0-7500
Name of P		Area Code & Daytime Te	
Enclosed is a check for the	following amount:  S30.00 Filing Fee &  Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COURIER Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 SEP	FILED*
SEURFIA	
TALLAHAS.	RY OF STATE SEE, FLORIDA
rds.)	-SE, FLORIDA

Cosmetic Surgery Management LLC
(Name of the Limited Liability Company as it now appears on our recor
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ 12/27/2011 \_\_\_\_\_ and assigned L11000144302 Florida document number \_\_ 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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

Enter Florida street address

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>Title</u> Name **Address** MGR Rudnick, Andrew 1200 N. Federal Highway Suite 200 ✓ Add Boca Raton, FL 33432 Remove Rudnick, Ronald MGRM 768 Main St ☐ Add **▼** Remove Chatham, MA 02673 MGRM Rudnick, Catherine 1200 N. Federal Highway Suite 200 ☐ Add Boca Raton FL 33432 Remove Add Remove  $\prod Add$ Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Andrew Rudnick 100% ownership effective 09.07.2012 September 7 2012 Dated \_\_\_\_ Signature of amember or authorized representative of a member Andrew Rudnick Typed or printed name of signee

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Filing Fee: \$25.00