

**L12000015517**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DUSS, KENNEY, SAFER, HAMPTON  
Account Number : 120090000089  
Phone : (904)543-4300  
Fax Number : (904)543-4301

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WRINKLE MANAGEMENT SERVICES, LLC**

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N. Gulligan

MAR - 7 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WRINKLE MANAGEMENT SERVICES, 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:

Eliot J. Safer

Name of Person

Duss, Kenney, Safer, Hampton & Joos, P.A.

Firm/Company

4348 Southpoint Blvd., Suite 101

Address

Jacksonville, FL 32216

City/State and Zip Code

esafer@jaxfirm.com

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

For further information concerning this matter, please call:

Eliot J. Safer

Name of Person

at ( 904 )

543-4300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
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(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

12 MAR -6 AM 8: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WRINKLE MANAGEMENT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 1, 2012 and assigned  
Florida document number L12000015517.

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 "LLC."

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:

Enter Florida street address

Florida

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

