

FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
Electronic Filing Cover Sheet

L12000018692

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(((H12000205601 3)))



H120002056013ABCR

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To:

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

From:

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Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RENAISSANCE MEDICAL AND SPA CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. KOHR

AUG 16 2012

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 AM 10:01

RECEIVED
12 AUG 15 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000205601
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RENAISSANCE medical and SPA CENTER LLC
 (Name of the Limited Liability Company as it now appears on our records)
 (A Florida Limited Liability Company)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 AUG 15

The Articles of Organization for this Limited Liability Company were filed on 02/07/12 and assigned
 Florida document number 12000018692

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**)

4196 middlebrook RD APT#7
ORLANDO FL 32811

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4196 middlebrook RD APT#7
ORLANDO FL 32811

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:

4196 middlebrook RD APT#712

New Registered Office Address:

ORLANDO FL 32811

Enter Florida street address

ORLANDO
 City

Florida 32811
 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.

[Signature]
 If Changing Registered Agent, Signature of New Registered Agent

H12000205601

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:

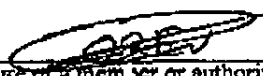
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____


Signature of a member or authorized representative of a member

Typed or printed name of signee _____

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Filing Fee: \$25.00

H12000205601