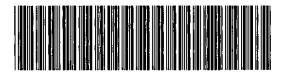
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
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SCORLIANT OF STATE
SCORLIANT OF STATE
FLORID.

C. LEWIS

MAY 17 2012

EXAMINER

COVER LETTER

Division of Co	orporations					
SUBJECT:	SERENITY MEDI	CAL AESTHETICS, LL	_C			
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	ROBERT D. BURGS Name of Person					
	RC	ROBERT D. BURGS, P.A. Firm/Company				
	817 SOU	817 SOUTH UNIVERSITY DRIVE, #122 Address				
·						
PLANTATION, FLORIDA 33324 City/State and Zip Code						
	*	BOB@BURGSLAW.COM E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please of	call:				
ROE	BERT D. BURGS	at (954)	472-0877			
Name	of Person	BURGS at (954) 472-0877 Area Code & Daytime Telephone Number				
	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

Registration Section

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 MAY 16 AM II: 21

SECRETARY OF STATE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SERENITY M	EDICAL AESTHETI	CS, LLC	··	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appeda Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on		and assigned	
This amendment is submitted to amend the following	: :			
A. If amending name, enter the new name of the	limited liability company h	ere:		
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		pany," the designation "LL		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter th	e name of the new	
Name of New Registered Agent:			····	
New Registered Office Address:				
	Enter Florida street address			
	- Ct.	, Florida	7:- C. J.	
	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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> **MGRM TERRY HARRIS** ☐ Add 817 SOUTH UNIVERSITY DRIVE ✓ Remove PLANTATION, FLORIDA 33324 ☐ Add Remove Add 🔲 Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Ashed Bengs
Signature of a member or authorized representative of a member Roser Bac3
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00