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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Division of	on Section of Corporations	
SUBJECT:	MyLooks Orlan	ndo LLC
	Name of Limited Liability	****
Dear Sir or Madam	:	
The enclosed Artic	les of Correction and fee(s) are submitted for fi	ling.
Please return all co	rrespondence concerning this matter to the follo	owing:
	Charles Gamble	
_	Name of Person	
	K&L Gates LLP Firm/Company	
200	S. Biscayne Blvd., Suite 3900 Address	
	Miami, FL 33181	
	City/State and Zip Code	
Ch E-mail addres	arles.gamble@klgates.com is: (to be used for future annual report notificati	on)
For further informa	tion concerning this matter, please call:	
	harles Gamble at (30	
N	arne of Person Are	ea Code & Daytime Telephone Number
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	k for the following amount:	
\$25 Filing Fee	\$30 Filing Fee & \$55 Filing Fee Certificate of Status Certified Cop	
CR2E062 (08/05)		

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: MyLooks Orlando LLC				
SECO:	ND: The articles of organization or the application to transact business				
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
✓	ntains an incorrect statement. The incorrect statement, the reason the statement is orrect, and the corrected statement are as follows: see principal and mailing address, 200 Benmore Drive, Winter Park, FL 32792				
	is incorrect as listed. The correct principal and mailing address is 200 S.				
	Biscayne Blvd., Suite 3900, Miami, FL 33131. Also, J. Barry Boyd, M.D. is not a				
	MGRM. Please remove J. Barry Boyd from the Manager/Member detail.				
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:				
Dated:	August 23				
	Ursnam				
	Signature of almember or authorized representative of a member				
	William J. Spratt, Jr. Typed or printed name of signee				
	•				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

\$30.00 (optional)