

**L13000044574**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

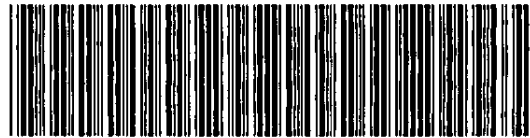
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**13 APR 25 PM 3:54**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

APR 26 2013

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Skin Deep Laser 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:

**Joshua O. Dorcey**

Name of Person

**The Dorcey Law Firm, PLC**

Firm/Company

**10181 Six Mile Cypress Pkwy, Ste. C**

Address

**Fort Myers, Florida 33966**

City/State and Zip Code

**josh@dorceylaw.com**

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

For further information concerning this matter, please call:

**Joshua O. Dorcey**

Name of Person

at ( **239** ) **418-0169**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

**13 APR 25 PM 3: 54**

**Skin Deep Laser Services, LLC**

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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.**

The Articles of Organization for this Limited Liability Company were filed on 3/25/2013 and assigned  
Florida document number L13000044574.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**Skin Deep Naples, LLC**

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**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**

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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED

13 APR 25 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

4/22, 2013.

Signature of a member or authorized representative of a member

Joshua O. Dorsey

Typed or printed name of signee

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Filing Fee: \$25.00