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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Gables Vein Specialists, 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:

Michael Nguyen

Name of Person

Coral Gables Vein Specialists, LLC

Firm/Company

2020 Ponce De Leon Blvd, Ste 103

Address

Coral Gables, FL 33134

City/State and Zip Code

mnguyen@miamiskinandvein.com

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

For further information concerning this matter, please call:

Michael Nguyen

305 962-5239

Name of Person

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

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15 FEB -2 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Coral Gables Vein Specialists, 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 May 07, 2013 and assigned
Florida document number L13000066561.

This amendment is submitted to amend the following:

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

Miami Skin and Vein, 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:

(Principal office address MUST BE A STREET ADDRESS)

2020 Ponce De Leon Blvd, Ste 103

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 Ponce De Leon Blvd, Ste 103

Coral Gables, FL 33134

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized 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
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Please note that Coral Gables Vein Specialists, LLC is currently registered

with DBA of "Miami Skin and Vein" with the state. We hope to make paperwork easier by officially changing the LLC name to our current DBA name.

Thank you for your help. - Michael Nguyen

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 18, 2015



Signature of a member or authorized representative of a member

Michael Nguyen

Typed or printed name of signee

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15 FEB -2 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* copy of original filing

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L13000066561
FILED 8:00 AM
May 07, 2013
Sec. Of State
bkohr

Article I

The name of the Limited Liability Company is:
CORAL GABLES VEIN SPECIALISTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
660 WASHINGTON STREET
21 G
BOSTON, MA. US 02111

The mailing address of the Limited Liability Company is:
660 WASHINGTON STREET
21 G
BOSTON, MA. US 02111

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
STEVEN D LOSNER ESQ
59 NE 15 STREET
HOMESTEAD, FL. 33030

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: STEVEN D LOSNER

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
SHAUN PATEL
660 WASHINGTON STREET #21 G
BOSTON, MA. 02111 US

Title: MGRM
MICHAEL NGUYEN
660 WASHINGTON STREET #21 G
BOSTON, MA. 02111 US

L13000066561
FILED 8:00 AM
May 07, 2013
Sec. Of State
bkohr

Article VI

The effective date for this Limited Liability Company shall be:

05/07/2013

Signature of member or an authorized representative of a member

Electronic Signature: STEVEN D LOSNER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

* Original
filing

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TALLAHASSEE, FLORIDA