

**L13000064396**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

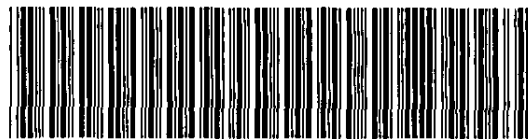
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**JUN 26 2013**

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06/24/13--01019--009 \*\*25.00

**FILED**  
**13 JUN 24 PM 2:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

TO: Registration Section  
Division of Corporations

SUBJECT: Med Aesthetics Miami, 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:

Rosanna Bermejo  
Name of Person  
Med Aesthetics Miami, LLC  
Firm/Company  
1321 NW 14th St., Ste. 603  
Address  
Miami, FL 33125  
City/State and Zip Code  
info@medaestheticsmiami.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosanna Bermejo at 305, 582-1629  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy •<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(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 5/13/13 and assigned  
Florida document number L 13000069396

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)

1321 NW 14<sup>th</sup> St., Ste. 603  
Miami, FL 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1321 NW 14<sup>th</sup> St., Ste. 603  
Miami, FL 33125

**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:

1321 NW 14<sup>th</sup> St., Ste. 603  
Enter Florida street address  
Miami, Florida 33125  
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.*

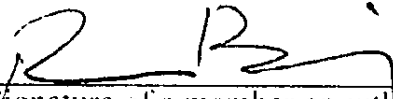
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent



Add EIN-46-2744507

Dated

5/14 May 14, 2013

  
Signature of a member or authorized representative of a member

Rosanna Bermejo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00