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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

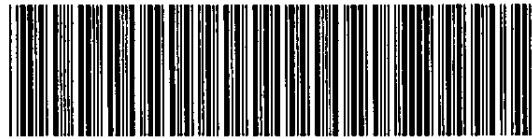
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 24 2013  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Unique Medical Artistry & Rejuvenation, 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:

Cristina Vazquez

Name of Person

Unique Medical Artistry & Rejuvenation

Firm/Company

23016 Ashley Oaks Circle # 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

Gettheskinny@umarspa.com

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

For further information concerning this matter, please call:

Cristina Vazquez

Name of Person

at

813,991-0088 / 813-735-6407

Area Code & Daytime Telephone Number

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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**

Unique Medical Artistry & Rejuvenation, 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 10-17-13 and assigned  
Florida document number L13000087312.

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)

2306 Ashley Oaks Circle  
Suite 101  
Wesley Chapel FL. 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2306 Ashley Oaks Circle  
Suite 101  
Wesley Chapel FL. 33544

**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:

Barbara Dent - Robinson

New Registered Office Address:

2306 Ashley Oaks Circle Suite 101  
Enter Florida street address  
Wesley Chapel, Florida 33544  
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.

[Signature]  
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>
mGRM	Bradley, Michael	2160 Duck Slough Blvd.	<input type="checkbox"/> Add
		Building 3 Unit 103	<input checked="" type="checkbox"/> Remove
		Trinity, FL. 34655	
mGRM	Josapak, Dana	2160 Duck Slough Blvd.	<input type="checkbox"/> Add
		Building 3 Unit 103	<input checked="" type="checkbox"/> Remove
		Trinity, FL. 34655	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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 update the address for title MGRM  
for Devlin-Robinson, Barbara and title MGRM  
Lombay DO, Caroline to 2306 Ashley Oaks Circle,  
Suite 101, Wesley Chapel FL 33544

Dated September 12, 2013

Cristina Vazquez authorize rep of Barbara  
Signature of a member or authorized representative of a member

Cristina Vazquez

Devlin-Robinson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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