

L17000116403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

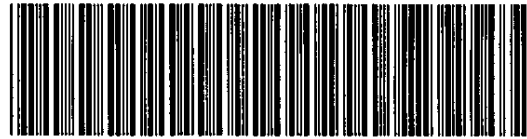
(Business Entity Name)

(Document Number)

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14 OCT 15 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
J. Shivers OCT 20 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MES AMIES MEDICAL SPA, 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:

STEPHEN HARVEY

Name of Person

MES AMIES MEDICAL SPA, LLC

Firm/Company

9140 W. COLLEGE POINTE DR SUITE #5

Address

FORT MYERS, FL 33919

City/State and Zip Code

SL HARVEY01@COMCAST.NET

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

For further information concerning this matter, please call:

STEPHEN HARVEY

Name of Person

at (239) 823-0913

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**

MES AMIES MEDICAL SPA, 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 08/19/2013 and assigned Florida document number L13000116403.

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)

9140 WEST COLLEGE POINTE DR.  
SUITE #5  
FT. MYERS, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9140 WEST COLLEGE POINTE DR.  
SUITE #5  
FT. MYERS, FL 33919

**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:

STEPHEN HARVEY

New Registered Office Address:

15642 ANGELICA DR

Enter Florida street address

ALVA

City

Florida

14 OCT 15 AM 11:00  
TALLAHASSEE, FL  
33920  
SECRETARY OF STATE  
TALLAHASSEE, FL  
33920

**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>
MGRM	BP-2 INVESTMENT GROUP, LLC	8660 COLLEGE PKWY	<input type="checkbox"/> Add
		#80	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33919	
MGR	BEVERLY HARVEY	15642 ANGELICA DR	<input checked="" type="checkbox"/> Add
		ALVA, FL 33920	<input type="checkbox"/> Remove
MGRM	STEPHEN HARVEY	15642 ANGELICA DR	<input checked="" type="checkbox"/> Add
		ALVA, FL 33920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 15 AM 11:01

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

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**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 OCTOBER 9<sup>TH</sup>, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

STEPHEN HARVEY  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA