

L14 000046205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700264720047

10/02/14--01022--002 **25.00

FILED
14 OCT -2 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Non-Surgical Cosmetic Solutions, 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:

Anna Sottile
Name of Person

Non Surgical Cosmetic Solutions, LLC
Firm/Company

1818 SW 1st Ave # 1512
Address

Miami, FL 33129
City/State and Zip Code

Annasot@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerrie Wonders at (772) 485-6114
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

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

Non-Surgical Cosmetic Solutions, 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 3/20/2014 and assigned Florida document number 4140000416205.

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)

1818 SW 1st Ave

#1512

Miami, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1818 SW 1st Ave

#1512

Miami, FL 33129

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

14 OCT 12 AM 11:05
SECRETARY OF STATE
ALLAHABAD, FLORIDA

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

Title	Name	Address	Type of Action
≡ TREA	Kerrie Wonders	5080 SE Sterling Cir	☐ Add
		Stuart FL 34997	☒ Remove
≡ MGRM	Kerrie Wonders	5080 SE Sterling Cir	☒ Add
		Stuart, FL 34997	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
14 OCT - 2 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Anna Sottile

1818 SW 1st Ave

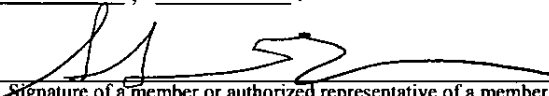
1512

Miami FL 33129

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 9/15/2014


Signature of a member or authorized representative of a member

Anna Sottile

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT -2 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA