L14000049205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 23 2015

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:

Gerald J. Houlihan
Name of Person

Aesthetic Medicine Institute of Miami, LLC
Firm/Company

504 Aragon Avenue
Address

Miami, Florida 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Gerald J. Houlihan, Esq at (305) 460-4091
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 FEB 19 AM 10:00
BUREAU OF COMMERCIAL INFORMATION SERVICES

January 30, 2015

GERALD J. HOULIHAN
504 ARAGON AVE
MIAMI, FL 33134

SUBJECT: NON-SURGICAL COSMETIC SOLUTIONS, LLC
Ref. Number: L14000046205

We have received your document for NON-SURGICAL COSMETIC SOLUTIONS, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00001966

ANNA SOTTILE, MD

1818 SW 1ST STREET, APARTMENT 1512
MIAMI, FLORIDA 33129
Email: anna.sot@gmail.com

February 7, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Consent to Change Name from Non-Surgical Cosmetic Solutions, LLC (L14000046205) to Aesthetic Medicine Institute of Miami, LLC (L14000182119)

Dear Registration Section, Division of Corporations:

I am the Manager of Non-Surgical Cosmetic Solutions, LLC (L14000046205).

In addition, I am the Manager of Aesthetic Medicine Institute of Miami, LLC (L14000182119)

On January 7, 2015, I voluntarily dissolved Manager of Aesthetic Medicine Institute of Miami, LLC (L14000182119) with the explanation that the name would be used for another LLC owned by me, namely, Non-Surgical Cosmetic Solutions, LLC. I have no intention of reinstating Aesthetic Medicine Institute of Miami, LLC.

On January 13, 2015, I instructed my attorney, on my behalf, to change the name of Non-Surgical Cosmetic Solutions, LLC (L14000046205) to Aesthetic Medicine Institute of Miami, LLC (L14000182119). I have attached a copy of that request. The check for this request, together with a request for certified copy, was cashed on January 21, 2015.

I hereby consent that the name "Aesthetic Medicine Institute of Miami, LLC" be used to change the name of Non-Surgical Cosmetic Solutions, LLC to Aesthetic Medicine Institute of Miami, LLC.

If you have any questions, please contact Gerald J. Houlihan, my attorney, at 305-460-4091.

Very truly yours,

Anna Sottile, MD

GJH/gh
Attachment – Name Change Amendment

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 March 20, 2014 and assigned Florida document number L14000046205.

This amendment is submitted to amend the following:

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

AESTHETIC MEDICINE INSTITUTE OF MIAMI, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: Gerald J. Houlihan

New Registered Office Address: 504 Aragon Avenue
Enter Florida street address

Miami, **Florida** 33134
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

Title	Name	Address	Type of Action
MGR	DANNHEISSER, LYNN M	3152 GIFFORD LANE,	☐ Add
		MIAMI, FL 33133	■ Remove
MGRM	WONDERS, KERRIE	5080 SE STERLING CIR	☐ Add
		STUART, FL 34997	■ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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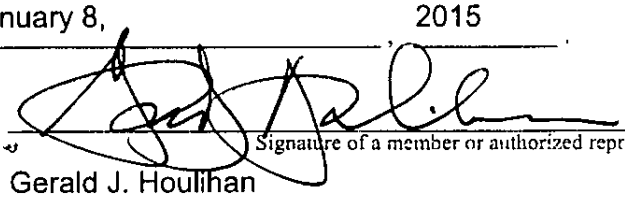
TALLAHASSEE, FLORIDA

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

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 8, 2015



Signature of a member or authorized representative of a member

Gerald J. Houlihan

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00