

From:

04/16/2015 14:49

#169 P.001/004

Division of Corporations

Page 1 of 1

**L14000146510**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AAI REJUVENATION CLINIC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2015 APR 16 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 16 AM 10:00

FOR  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES  
INFORMATION SERVICES

APR 17 2015  
J. HARRIS

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Corporate Filing Menu

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From:

04/16/2015 14:49

#169 P.002/004

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AAI REJUVENATION CLINIC, 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 09/18/2014 and assigned  
Florida document number L14000146510.

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 "LLC."

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)

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

City, Florida 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

From:

04/16/2015 14:50

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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>
AMBR	LOCKE, DEAN T	93 COOPER AVE APT 306	<input type="checkbox"/> Add
		LONG BRANCH, NJ 07740	<input checked="" type="checkbox"/> Remove
AMBR	Roxanne Locke	1 Broadview Avenue	<input checked="" type="checkbox"/> Add
		Bellport, N.Y. 11713	<input type="checkbox"/> Remove
		Bellport, N.Y. 11713	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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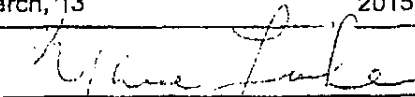
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March, 13 2015



Signature of a member or authorized representative of a member

Roxanne Locke

Typed or printed name of signee

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