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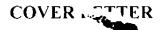


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TO: **Registration Section Division of Corporations** 

SUBJECT:	FLORIDA·L	ASH BOCA RATON	LC	_			
·		Name of	fLin	ited Liability Company			
The enclosed	Articles of Ar	mendment and fee(s) are	sut	mitted for filing			
			ĺ				
Please return	all correspond	lence concerning this m	atter	to the following:			
		B BRUCE MYERS	ND 1				
				Name of Person			
				Firm/Company			
		2900 N MILITARY T	RA		<del>-</del>		
				Address			
		BOCA RATON, FL	334: 1	31			
		bbmyersmd@gmail.d		City/State and Zip Cod			
		E-mail addr	ess: (	to be used for future annu-	al report notifi	cation)	
For further in	formation con	cerning this matter, plea	ise c	all:			
David Green	nberg			954 at ()	560-3283		
	Name of P			Area Code	Daytime	Telephone Number	
Enclosed is a	check for the	following amount:					
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Statu	S	□ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclos	
	MAILIN	G ADDRESS:		STRFI	T/COURIE	'R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FLORIDA LASH BOCA RATOÑ LLC

(Name of the Limited Liability Company)  The Articles of Organization for this Limited Biability Company were filed on	(Name of the Limited Liability Lomb	any as it now annears on our records	<u>; )</u>
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 contain 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 MUST BE A STREET ADDRESS)  Enter new 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:  B BRUCE MYERS  9439 BOCA RATON  B BRUCE MYERS  9439 BOCA RIVER CIRCLE  Enter Florida street address  BOCA RATON  Florida  33434	(A Florida Limited	Liability Company)	<u>~</u> ,
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 contain 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 MUST BE A STREET ADDRESS)  Enter new 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:  B BRUCE MYERS  9439 BOCA RATON  B BRUCE MYERS  9439 BOCA RIVER CIRCLE  Enter Florida street address  BOCA RATON  Florida  33434		0440040045	
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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:   B BRUCE MYERS	Mading agaress MAT DE ATOST OFFICE BOX		
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Name of New Registered Agent:  New Registered Office Address:    B BRUCE MYERS			
Name of New Registered Agent:  New Registered Office Address:  B BRUCE MYERS  9439 BOCA RIVER CIRCLE  Enter Florida street address  BOCA RATON, Florida			, enter the name of the nev
New Registered Office Address:  9439 BOCA RIVER CIRCLE  Enter Florida street address  BOCA RATON, Florida	registered agent and/or the new registered office address her	<u>re</u> :	
New Registered Office Address:  9439 BOCA RIVER CIRCLE  Enter Florida street address  BOCA RATON, Florida			
New Registered Office Address:  9439 BOCA RIVER CIRCLE  Enter Florida street address  BOCA RATON, Florida	Name of New Registered Agent: B BRUCE M	IYERS	
Enter Florida street address  BOCA RATON, Florida	0430 BOCA	BIVER CIRCLE	
BOCA RATON Florida 33434	New Registered Office Address:		
, riorida		Enter Florida street address	
	BOCA RATO	ON Fin	rida 33434
City Zip Code		City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
W I			
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 prop <b>er</b> and complete performance of my duties, and I am familiar with and accept the obligations of my position as regi <mark>ste</mark> red agent as provided for in Chapter 605, F.S. Or, if this document is			
sees prime work and my production as regaining agent as provided for in singular was, i.s., sir, if this document is	accela no confinua d'un bacanon na regi <b>nit</b> rea alten na		
being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability		e address. I hereby confirm tha	it the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Address</u> **Type of Action Name** ROGERS, ANDREW AR 820 OLEANDER STREET ☐ Add BOCA RATON, FL 33486 **■** Remove □ Change AR ROGERS, ANDREA 820 OLEANDER STREET □ Add BOCA RATON, FL 33486 **■** Remove ☐ Change MGR MYERS, B. BRUCE 2900 N MILITARY TRAIL **■** Add **SUITE 247** ☐ Remove BOCA RATON, FL 33431 ☐ Change DEFRANCESCO, DESIREE 9439 BOCA RIVER CIRCLE **MGR** ■ Add BOCA RATON, FL 33434 ☐ Remove ☐ Change MGR ORR, JOEY 9439 BOCA RIVER CIRCLE ■ Add BOCA RATON, FL 33434 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending any other information, a	enter change(s) here: (Attach additional sheets, if necessary.)
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	01/05/2015
Effective date, if other than the date of the an effective date is listed, the date must be spe	of filing: (optional) secific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 oes not meet the applicable statutory filing requirements, this date will not be listed a
Note: If the date inserted in this block dood document's effective date on the Department.	besing meet the applicable statutory filing requirements, this date will not be listed a near of $S$ tate's records.
·	
the record specifies a delayed effect)  The 90th day after the record is	ective date, but not an effective time, at 12:01 a.m. on the earlier of stilled!
NOVEMBER 21	2017
Dated	
Signati	ture of a member or authorized representative of a member
B BRUCE MYERS	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00