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COVER LETTER

TO: Registration S Division of Co				
subject: <u>Las</u>	ser With Care Name of Lim	LLC nited Liability Company		
	f Amendment and fee(s) are sub			
,	_	Car men Name of Person		
	<u>Carmen</u> C	are Advanced Las Firm/Company	er therapy	16
	3301 NI	2 Address	<u> </u>	16 APR 25
	Bow R. Leslie	City/State and Zip Code Carmen @ 9mail. Code to be used for future annual report noti		16 APR 25 PM 4: 05
For further information Becca	E-mail address: (concerning this matter, please c	all:		
Name	of Person	at (<u>314</u>) <u>707</u> . Area Code Daytim	e Telephone Number	-
Enclosed is a check for \$25.00 Filing Fee	the following amount: \$\Boxed{\Pi}\$ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

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

Laser With Co	any as if now appears on Liability Company)	our records.)
·		2-03-2015 and assigned
This amendment is submitted to amend the following:	illing address, if applicable: **Ess MAY BE A POST OFFICE BOX)** **Int is submitted to amend the following: **Int is submitted to amend the limited liability company here: **Int is submitted to amend the limited liability company here: **Int is submitted to amend the limited liability company here: **Int is submitted to amend the limited liability company here: **Int is submitted to amend the limited liability company here: **Int is submitted to amend the limited liability company here: **Int is submitted to amend the limited liability company, the designation "LLC" or the abbreviation "LLC" **Int is submitted to amend the limited liability company, the designation "LLC" or the abbreviation "LLC" **Int is submitted to amend the limited liability company, the designation "LLC" or the abbreviation "LLC" or t	
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7200 N	W 6th Ct.
(Principal office address MUST BE A STREET ADDRESS)	Planta	hon, FL
		33319 20
Enter new mailing address, if applicable:		R 25
(Mailing address MAY BE A POST OFFICE BOX)		P
		F. 97
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet 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

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** Name <u>Address</u> **Type of Action** Leslie Carmen 4142 NW 2nd St Delray Beach, FL 33445 ☐ Change ☐ Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

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