

C15000183724

Florida Department of State
Division of Corporations
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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
RETOUCH DOCTORS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV -8 AM 9:36

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J. LEGGETT
NOV - 9 2017

2017 NOV -8 PM 8:45

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RETOUCH DOCTORS, 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 10/29/2015 and assigned
Florida document number L15000183724

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 "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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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: JORGE VELAZQUEZ

New Registered Office Address: 16800 SW 96TH CT

Enter Florida street address

MIAMI, Florida 33157
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANGELICA ATKINSON	16800 SW 96TH CT	<input type="checkbox"/> Add
		MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELICA ATKINSON	16800 SW 96TH CT	<input type="checkbox"/> Add
		MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS A ORTIZ	16800 SW 96TH CT	<input type="checkbox"/> Add
		MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 07

2017

Signature of a member or authorized representative of a member

JORGE VELAZQUEZ

Typed or printed name of signer