

L16000053883

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2022 DEC 19 AM 9:34  
SIXTH FLOOR  
FALL ARIZONA STATE COURT

A. RIVERS

MAR - 6 2023

# Monticello



December 15, 2022

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

Dear Clerk,

I have the pleasure of representing Bella Mia Medica Aesthetics and Laser Institute of Tampa, LLC, as well as The Aesthetics Lab, LLC, both Florida limited liability companies, by and through their sole member and owner, Dr. Pia Panchal.

We have enclosed 3 different filing requests for your review:

1. For Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, we have submitted Articles of Amendment for removal of member Dr. Linette Rivera and a change of registered agent.
2. For The Aesthetics Lab, LLC, we have submitted Articles of Dissolution, along with a signed request for waiver of the waiting period for reuse of the name "The Aesthetics Lab, LLC" from Dr. Panchal as the owner.
3. For Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, we have submitted Articles of Amendment to change the name of the LLC from Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, to The Aesthetics Lab, LLC. In order to do this, we need the waiver of the waiting period for reuse of the name "The Aesthetics Lab".

Please call me at 813-767-5733 or send an email to me at [kim@monticellolawfirm.com](mailto:kim@monticellolawfirm.com) if you have any questions.

Thank you,

Kimberly Isner Monticello  
Monticello Law Firm, P.A  
Attorney for The Aesthetics Lab, LLC, and  
Bella Mia Medica Aesthetics and Laser Institute of Tampa, LLC,

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bella Mia Medical Aesthetics and Laser Institute of Tampa, 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:

Kimberly Isner Monticello, Esq.

\_\_\_\_\_  
Name of Person

Monticello Law Firm, P.A.

\_\_\_\_\_  
Firm/Company

2202 North Westshore Boulevard, Suite 200

\_\_\_\_\_  
Address

Tampa, Florida 33607

\_\_\_\_\_  
City/State and Zip Code

kim@monticellolawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Isner Monticello

813 367-3677  
at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Bella Mia Medical Aesthetics and Laser Institute of Tampa, 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 03/16/2016 and assigned  
Florida document number L16000053883.

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) \_\_\_\_\_

**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:

Monticello Law Firm, P.A.

New Registered Office Address:

2202 North Westshore Boulevard, Suite 200

*Enter Florida street address*

Tampa

Florida

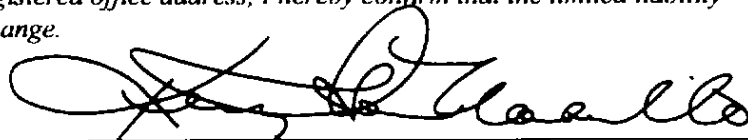
*City*

33607

*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

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**