

L16000053883

(Requestor's Name)

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**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

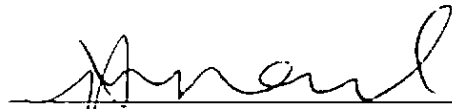
Street Address:

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

**Statement of Member of
THE AESTHETICS LAB, LLC,
AND BELLA MIA MEDICAL AESTHETICS
AND LASER INSTITUTE OF TAMPA, LLC**

- 1) My name is Dr. Pina Panchal, and I am the sole member of The Aesthetics, Lab, LLC, identified as document number L22000076547
- 2) I have another Florida LLC named Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, identified as document number L16000053883.
- 3) Effective September 1, 2022, I became the sole member of Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, and I have filed paperwork with the Division of Corporations contemporaneously with this letter to reflect that I am the sole member.
- 4) I have also filed paperwork with the Division of Corporations contemporaneously with this letter to dissolve The Aesthetics Lab, LLC.
- 5) I am asking the Division of Corporations to wave the "waiting period" for use of the name "The Aesthetics Lab" after its dissolution.
- 6) I am requesting a waiver of the "waiting period" for use of the name "The Aesthetics Lab" because I would like to change the name of Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC to The Aesthetics Lab, LLC.
- 7) It is my understanding that since I am the sole member of both LLCs and the owner of both LLCs, that I am eligible for this waiver of the "waiting period".
- 8) I have retained the services of Kimberly Isner Monticello, Esq., to assist me with this process, and her contact information is (813) 367-3677 or kim@monticellowlawfirm.com if you have any questions about my request.

I declare under penalty of perjury under Florida law that the facts I have provided via this statement are true to the best of my knowledge and understanding.



DR. PINA PANCHAL, MEMBER
for The Aesthetics Lab, LLC, and for
Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC

12/8/2022

DATE SIGNED

**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 Aesthetics Lab, LLC

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:

New Registered Office Address:

Enter Florida street 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

[illegible]

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

We have submitted Articles of Dissolution for The Aesthetics Lab, LLC, document number L22000076547, with a declaration from Dr. Pina Panchal, as sole member of both The Aesthetics Lab, LLC, and Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC. We have requested a waiver for the "name re-use" waiting period for the name "Aesthetics Lab" because we intend to change the name of Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC to The Aesthetics Lab, LLC.

Please call Kimberly Isner Monticello, as Attorney for both entities, if you have any questions.

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

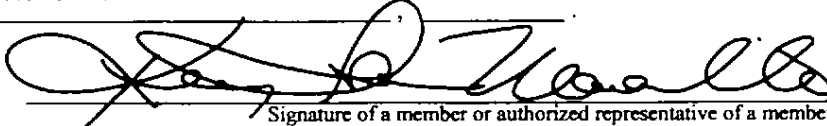
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 December 15,

2022



Signature of a member or authorized representative of a member

Kimberly Isner Monticello, Esq., as Attorney for Dr. Pina Panchal

Typed or printed name of signee

Filing Fee: \$25.00