1600067126

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
, (Do	cument Number)	<u></u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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SECRETARY OF STAT
TALLAMASSEE FLORE
TALLAMASSEE FLORE



April 28, 2016

MUSTAFA K BESER 3823 GLIDING PLACE SANFORD, FL 32773

SUBJECT: MAJESTIC LASER SPA AND ANTI-AGING CENTER LLC

Ref. Number: L16000067126

We have received your document for MAJESTIC LASER SPA AND ANTI-AGING CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00007813

SECNETARY OF STATE
SECNETARY OF STATE

COVER LETTER

' Div	ision of Cor	porations					
· 4		LASER SPA AND ANTI-AG		···			
		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				•
		MUSTAFA K BESER			,		
			Name of Person				
		MAJESTIC LASER SPA	AND ANTI-AGING CENTER LLC	!			
			Firm/Company		SEC ALL	ਨ	
		3823 GLIDING PLACE			ZAHA.	MAY	<u> </u>
			Address			2	111
SANFORD, FLORIDA, 32773					記 尖	J	
		mk_beser@hotmail.com	City/State and Zip Code		ATE RIDA	=	
		E-mail address: (to be used for future annual report notifi	ication)	, !	, ,	
For further i	nformation c	oncerning this matter, please co	ali:			;	
MUSTAFA	K BESER		407 416-7931 at ()				
	Name o	f Person	Area Code Daytime	Telephone Numb	er		
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy nal copy is e	atus &	

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I		
This amendment is submitted to amend the fol	llowing:	
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	;
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the n
Name of New Registered Agent:	MUSTAFA K BESER	
New Registered Office Address:	707 BALLARD ST, STE 1001	100 to
	Enter Florid	a street address
	ALTAMONTE SPRINGS	, Florida 32701
	Cin	7in 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.

f 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>	Name	Address	Type of Action
MGR	MELIH BESER	707 BALLARD ST. STE 1001	
		ALTAMONTE SPRINGS	Remove
		FLORIDA, 32701	□ Change
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			□ Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		
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			□ Change

. If amending any other inf		inge(s) here: <i>(A</i>	ttach additional	sheets, if necessa	iry.)		
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Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	ate must be specific and c this block does not me	annot be prior to dat eet the applicable s	e of filing or more t tatutory filing re-	(optiona than 90 days after filin quirements, this da	ig.) Pursuar	nt to 605 be liste	5.0207 (3) ed as the
the record specifies a de) The 90th day after th		ite, but not an	effective time	e, at 12:01 a.m	on the	earli	er of:
Dated APRIL 11		2016	/				
	Signature of a m	week 2	representative of a	Melh /	7- L	كيد	?
***************************************	MUSTAFA	L B Typed or printed nar	SER ne of signee	MELIH .	BESE	ER_	

Page 3 of 3

Filing Fee: \$25.00