

216000070127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

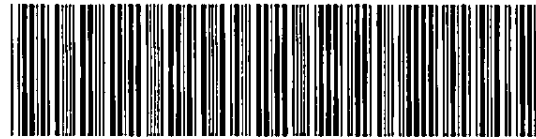
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
NOV 27 2017

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **FLORIDA LASH DELRAY BEACH 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:

**B BRUCE MYERS MD**

Name of Person

Firm/Company

**2900 N MILITARY TRAIL, SUITE 247**

Address

**BOCA RATON, FL 33431**

City/State and Zip Code

**bbmyersmd@gmail.com**

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

For further information concerning this matter, please call:

**David Greenberg**

**954 560-3283**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FLORIDA LASH DELRAY BEACH 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 04/08/2016 and assigned  
Florida document number L16000070127

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)**

9439 BOCA RIVER CIRCLE

BOCA RATON, FL 33434

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9439 BOCA RIVER CIRCLE

BOCA RATON, FL 33434

**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:

B BRUCE MYERS

New Registered Office Address:

9439 BOCA RIVER CIRCLE

Enter Florida street address

BOCA RATON

**Florida**

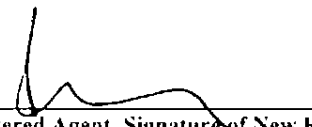
33434

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>                      |
|--------------|-----------------|------------------------|--|
| MGR          | MYERS, B. BRUCE | 2900 N MILITARY TRAIL  | <input checked="" type="checkbox"/> Add    |
|              |                 | SUITE 247              | <input type="checkbox"/> Remove            |
|              |                 | BOCA RATON, FL 33431   | <input type="checkbox"/> Change            |
| MGR          | DEFRANCESCO     | 9439 BOCA RIVER CIRCLE | <input type="checkbox"/> Add               |
|              |                 | BOCA RATON, FL 33434   | <input checked="" type="checkbox"/> Remove |
|              |                 |                        | <input type="checkbox"/> Change            |
| MGR          | ORR, JOEY       | 9439 BOCA RIVER CIRCLE | <input checked="" type="checkbox"/> Add    |
|              |                 | BOCA RATO, FL 33434    | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |
|              |                 |                        | <input checked="" type="checkbox"/> Add    |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |
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|              |                 |                        | <input type="checkbox"/> Change            |

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TALLAHASSEE FLORIDA

05/01/2016

**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.

Dated NOVEMBER 21 2017

B BRUCE MYERS

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**Filing Fee: \$25.00**