

**L16000098415**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

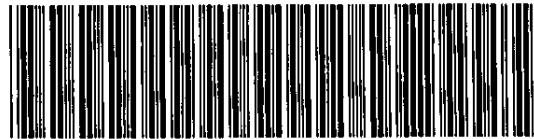
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**DEC 06 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Midtown Miami Medspa, PLLC

\_\_\_\_\_  
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:

Tali Arviv

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

Arviv Medical Aesthetics

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

11327 Countryway Boulevard

\_\_\_\_\_  
Address

Tampa, FL 33626

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

arvivaesthetics@gmail.com

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

For further information concerning this matter, please call:

Tali Arviv

813

855-0111

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



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	Dulce Mascarinas	11327 Countryway Blvd.	<input type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" type="checkbox"/> Remove
		3492 NW 82 Dr	<input type="checkbox"/> Change
MGR	Gwen DeLeon	Pembroke Pines FL 33024	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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 12/2/16

John A. Brown

Signature of a member or authorized representative of a member

Tali Arviv, MD

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA