

LI 7000058392

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PURE PLASTIC SURGERY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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**D. BRUCE
MAR 21 2017**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE PLASTIC SURGERY, 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:

MAX A. ADAMS, ESQ.

Name of Person

LAW OFFICES OF MAX A ADAMS ESQ PLLC

Firm/Company

2151 S LEJEUNE RD, STE. 306

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

INFO@THEMEDILAWFIRM.COM

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

For further information concerning this matter, please call:

ANGELA PEREZ

305

444-3484

Name of Person

at ()
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

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TALLAHASSEE, FLORIDA

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

PURE PLASTIC SURGERY, 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 03/14/2017 and assigned
Florida document number L17000058392.

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 "Ltd."

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: LAW OFFICES OF MAX A ADAMS ESQ PLLC

New Registered Office Address: 2151 S LEJEUNE ROAD, STE. 306

Enter Florida street address

CORAL GABLES, Florida 33134

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

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	ALEXANDER ZURIARRAIN MD PA	3097 SW 140TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAE AESTHETICS, LLC	736 ANASTASIA AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EARLE, STEVEN A	736 ANASTASIA AVENUE	<input type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZURIARRAIN, ALEXANDER	3097 SW 140TH AVENUE	<input type="checkbox"/> Add
		MIRAMAR, FLORIDA 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE ADD 1,000 UNITS AT PAR VALUE OF \$1.00 PER UNIT

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TALLAHASSEE, FLORIDA

7730

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 MARCH 20, 2017

Maah

Signature of a member or authorized representative of a member

MAX A. ADAMS, ESQ - ATTORNEY-IN-FACT

Typed or printed name of signee

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Filing Fee: \$25.00