

L17000058392

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
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K. SALY

MAY -5 2017

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5/4/2017

FILED

2017 MAY -4 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 MAY -4 PM 5:51

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

H17000122727

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, FL. 33134
City/State and Zip Code

info@themedlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Perez at (305) 444-3484
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

Pure Plastic Surgery, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2017 MAY -4 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3-14-17 and assigned
Florida document number 47000058392.

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)

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

City, Florida 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

Title	Name	Address	Type of Action
MGR	Alexander Zuriarrain MD/PA	3097 SW 140 Ave	<input type="checkbox"/> Add
		Miami, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Plastic Surgery Associates of Miami, PA.	3097 SW 140 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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KALLAHASSEE

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TALLAHASSEE, FLORIDA

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Dated 5/3, 2017

Mr. A. C. Esq.
Signature of a member or authorized representative of a member

Attorney - IN - Fact
Typed or printed name of signee

H17000122727

05/04/2017 16:41