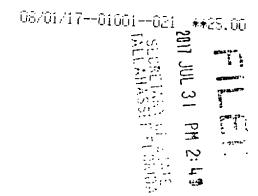


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| CHB IE | | Laser Lipo of Orlando, LLC | | |
| SUBJEC | .1: | Name of Limi | ted Liability Company | |
| | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Jacqueline Bain | | |
| | | | Name of Person | |
| | | Florida Healthcare Law Fir | ın | |
| | | | Firm/Company | |
| | | 909 SE 5th Avenue, Suite 2 | 200 | |
| | | | Address | |
| | | Delray Beach, FL 33483 | | |
| | | | City/State and Zip Code | |
| | | jackie@floridahealthcarelav | vfirm.com to be used for future annual report n | otification) |
| For furth | ner information | concerning this matter, please or | | omicaliony |
| Jacqueli | ne Bain | | 561 455-7700 | |
| | Name | of Person | Area Code Dayt | ime Telephone Number |
| | | | | |
| Enclosed | d is a check for t | the following amount: | | |
| \$25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MAII | ING ADDRESS: | | RIER ADDRESS: |
| | | tration Section on of Corporations | Registration Sec Division of Cor | |
| | P.O. I | Box 6327 nassee, FL 32314 | Clifton Building 2661 Executive | |
| | រដូវដែរ | 1000CC, FL 3ZJ14 | Tallahassee, FL | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Strawberry Laser Lipo of Orlando, LLC | | | | | | |
|--|--|----------------------------|---|------------------------------------|--|--------------|
| (Name of the Limited L. (A F | iability Compan Iorida Limited Li | y as it now ability Cor | appears on our record | ls.) | | |
| The Articles of Organization for this Limited Liabil Florida document number L17000093688 | ity Company v | vere filed | on April 27, 2017 | a | nd assigne | d |
| This amendment is submitted to amend the following | ng: | | | | | |
| A. If amending name, enter the new name of the | e limited liabil | ity comp | oany here: | | | |
| same | | | | | | |
| The new name must be distinguishable and contain the words | "Limited Liabili | y Compan | y," the designation "LLC | or the abbreviat | tion "L.L.C." | , |
| Enter new principal offices address, if applicable | : : | same | | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | | F | 201 | |
| | | | | 1 T | 7 5 | <u> </u> |
| | | | | 2 <u>-</u> 2- | <u>) </u> | Alegar are , |
| Enter new mailing address, if applicable: | | same | | 550 | 원 프 | |
| (Mailing address MAY BE A POST OFFICE BO. | X) | | | • र र र • र र | - PH | - i : |
| Transfer and the first transfer of the box | <u>, </u> | İ | | 2 | ÷> | • • |
| | | | | <u> </u> | 1 329 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ľ | ress on our record | ls, <u>enter the</u> i | name of t | the new |
| Name of New Registered Agent: | ame | | = | | | |
| New Production Address | | | | | | |
| New Registered Office Address: | | <u> </u> <u>'</u> E | Enter Florida street addre | | | |
| | | ĺ | ir. | lorida | | |
| - | | City | , F | ···· | n Code | |
| New Registered Agent's Signature, if changing Regi | stered Agent: | | | | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the register than the company has been notified in writing of this change in the register than the company has been notified in writing of this change in the change in t | and complete red agent as p istered office | performa rovided_ | ance of my duties, a for in Chapter 605, | ind I am famili F.S. Or, if thi | iar with ai is documei | nd |
| | If Chan | ging Regis | stered Agent, Signature | of New Register | ed 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 **Type of Action Address Title** Name Strawberry Laser Lipo Holding Cornell 1550 Monte Carlo Court **AMBR** □ Add Merritt Island, FL Remove 32952 ☐ Change 1550 Monte Carlo Court Lalonde, Julie ΑP ■ Add Merritt Island, FL □ Remove 32952 ☐ Change 1550 Monte Carlo Court ΑP Sanchez, Brenda **■** Add Merritt Island, FL ☐ Remove 32952 ☐ Change □ Add ☐ Remove □ Change Remove __ Change _□ Add 🚡 ☐ Remove

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| | other information, | enter change(s) | here: (Attach a | i a aiiionai sneeis | , ij necessary.) | | |
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| Julie ! | Sign LaLonde, as Authorize | d Person | | | er | 31 PM | |
| Julie ! | / | d Person | or authorized repres | | er | 3- | |

Filing Fee: \$25.00