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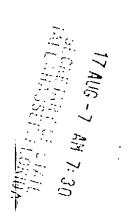
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COVER LETTER

Division of Corporations
JBJECT: SKYJURA MED SDA LLC Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Kimberly Lo Medico
Skylara Med Spa Firm/Company
4380 SW. 89th AVENUE
MIAMI, FLORIDA 33165 City/State and Rip Code
5Kylaramed 5Pa @ Gnail . Com J-mail address: (to be used for the ture annual report notification)
or further information concerning this matter, please call:
Name of Person at (786) 636-4410 Area Code Daytime Telephone Number
ackosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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

SKURR MED Name of the Limited Liability Comp. (A Florida Limited)	any at it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on JULY 31, 2017 and assigned
Torida document number <u>L 170001622.53</u>	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." 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 of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	City Ztp Code
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered officerompany has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
' If Ch.	nging Degistered Agent Signature of New Projectored Agent

Page 1 of 3

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager

MBR = Authorized Member **Type of Action** <u>`itle</u> KIMBERLY LO HEDICO 4380 SW 89th AVE XADD MIAMI, FL 33165 Remove 1GR JUAN LU MEDICO 4380 SW 89th AVE XADD MIAMI, FL 33165 _ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Remove Change □ Add ☐ Remove Change \square Add ☐ Remove □ Change

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ctive date, if other than the defective date is listed, the date must b	ate of filing: <u>08/0</u>	1/2017	(optional)	
: If the date inserted in this bloc	k does not meet the applica		n 90 days after filing.) l frements, this date w	ursuant to 605.0 ill not be listed
ment's effective date on the Dep	artment of State's records.			
ecord specifies a delayed e		an effective time,	at 12:01 a.m. o	n the earlier
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Filing Fee: \$25.00