

L17000166179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

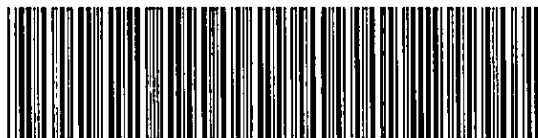
(Business Entity Name)

(Document Number)

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2017 DEC 21 PM 1:15

DEC 22 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDIXBEAUTY 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:

MRS. TAMMY FLEMING

Name of Person

MEDIXBEAUTY LLC

Firm/Company

13812 WRIGHT CIRCLE

Address

TAMPA/FLORIDA 33626

City/State and Zip Code

tfleming@twinmedix.com

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

For further information concerning this matter, please call:

TAMMY FLEMING

at (813)

814-7711

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

TAMMY FLEMING
13812 WRIGHT CIRCLE
TAMPA, FL 33626

SUBJECT: MEDIXBEAUTY LLC
Ref. Number: L17000166179

We have received your document for MEDIXBEAUTY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00025016

2017 DEC 21 AM 10:25

TALLAHASSEE

2017 DEC 21 AM 10:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2017

TAMMY FLEMING
13812 WRIGHT CIRCLE
TAMPA, FL 33626

SUBJECT: MEDIXBEAUTY LLC
Ref. Number: L17000166179

We have received your document for MEDIXBEAUTY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit a whole completed form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 417A00023872

2017 DEC -7 AM 11:46

1- 850-245-6950

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

MEDIXBEAUTY 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 08/03/2017 and assigned
Florida document number L17000166179.

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:

MRS. TAMMY FLEMING

New Registered Office Address:

13812 WRIGHT CIRCLE

Enter Florida street address

TAMPA

Florida 33626

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.

Tammy Fleming
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TWINMEDIX LLC	13812 WRIGHT CIRCLE	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE SHAFER	13812 WRIGHT CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMMY FLEMING	13812 WRIGHT CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33626	<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 11/21/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

677 DEC 21 11:11:13