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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Orange Blossom	Aesthetics, PLLC	
.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Reut Bardach	
		Name of Person	
		Firm/Company	
		10231 Pontifino Circle	
		Address	
		Trinity, FL 34655 City/State and Zip Code	
	re	eut.bardach@gmail.com	
		to be used for future annual report not	fication)
For further information of	concerning this matter, please ca	all:	
	ll Young	at (<u>800</u>) <u>375-2453</u>	
Name (of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he 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:

TO:

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

	ge Blossom Aesthetics, PLLC	
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on <u>S</u>	0/6/2017 and assigned
Florida document number <u>L17000189756</u>		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	12 P
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE	(BOX)	39
egistered agent and/or the new registered of	office address here:	on our records, enter the name of the
Name of New Registered Agent:	Reut Bardach	** A
New Registered Office Address:	10231 Pontifino Circle Enter Flo	orida street address
	_Trinity	, Florida <u>34655</u>
	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

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>	Address	Type of Action
AMBR_	Reut Bardach	10231 Pontifino Circle	
		Trinity, FL 34655	□ Remove
			Change
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			Gldd Remove
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an effec lote: If	tive date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
ātēd _	9/A 2018.
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00