

# L17000203136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

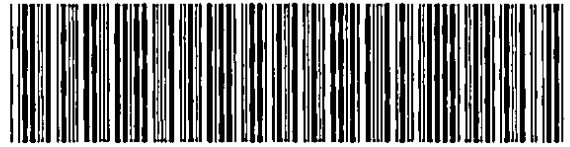
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR -5 PM 12:02

MAR 06 2019

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MESOESTETIC PHARMA GROUP 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:

ANTONELLA STELLUTO

\_\_\_\_\_  
Name of Person

MESOESTETIC PHARMA GROUP LLC

\_\_\_\_\_  
Firm/Company

8791 W 33RD AVENUE

\_\_\_\_\_  
Address

HALEAH, FL 33018

\_\_\_\_\_  
City/State and Zip Code

INFO@MEDESTETICS.COM

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

For further information concerning this matter, please call:

ANTONELLA STELLUTO

786 9303836  
at ( )

\_\_\_\_\_  
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

2019 MAR 5 PM 11:17

2019 MAR -5 PM 12:02  
SEL. EST. SEC. CLERK  
TALL. PHA. SEC. CLERK

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

MESOESTETIC PHARMA GROUP 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 10/02/2017 and assigned  
Florida document number L17000203136

2018 MAR -5 PM 12:06  
RECEIVED  
FILED  
CLERK OF CIRCUIT COURT  
HALL COUNTY, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MEDESTETICS LLC

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:**

8791 W 33RD AVENUE HIALEAH, FL 33018

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

8791 W 33RD AVENUE HIALEAH, FL 33018

**(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:

8791 W 33RD AVENUE

*Enter Florida street address*

HIALEAH

*City*

Florida 33018

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONELLA STELLUTO	8791 W 33RD AVENUE HIALEAH FL, 33018	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIULIO GALLUCCI	8791 W 33RD AVENUE HIALEAH FL, 33018	<input checked="" type="checkbox"/> Add
			<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 JANUARY 28TH

2019

Signature of a member or authorized representative of a member

ANTONELLA STELLUTO

Typed or printed name of signee