Division of Corporations

Department of State Division of Comorations. Electionic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839

Fax Number

: (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDCARE & AESTHETICS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [] [] []

MEDCARE & AESTHETICS, LLC

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company has been notified in writing of this change.

2018 OCT 29 P 2: 59

(<u>Name of the Limited Linbility Co</u> (A Florida Limi	npany as it now annears ted Linbility Company)	s on our records.)
	107	ANASSEE, FLORIDA
The Articles of Organization for this Limited Liability Compe	any were filed on Ton	and assigned
(Name of the Limited Limbility Comparison for this Limited Liability Comparison for this Limited Liability Comparison document number L17000223388		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company he	ere:
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	F-1 Fi	rida sireei address
	Enter (107	riao sireel aduress
	City	, Florida
	- 2	zip cone
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compared to the pro	agree to act in this of lete performance of	capacity. I further agree to comply with the fmy duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

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
MGR	IVAN PALAZZOLO	4243 W HILLSBORO BLVD	m :
		COCONUT CREEK, FL 33073	Add
		COCONOT CADOM (D 3303)	☐ Remove
	,		Change
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ective date, if other than the dieffective date is listed, the date must be: If the date inserted in this blockment's effective date on the Dep	k does not meet the applicable :	te of filing or more than 90 day statutory filing requiremen	(optional) ys after filing.) Pursuant to 605,02 its, this date will not be listed to
record specifies a delayed he 90th day after the recor	effective date, but not and is filed.	effective time, at 12	:01 a.m. on the earlier
OCTOBER 28	2019		
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S	ignature of a themper of strings are	s (apriliabelitation of a minimum	

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Filing Fee: \$25.00