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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: M	EDCARE & AEST Name of Limi	HETICS LLC ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corre	espondence concerning this matter t	o the following:	
	Pessande	SIVA Name of Person	
	V	Name of Person	
		Firm/Company	
	4243 W HITS	boro Blvol.	
	COWNUT CE	City/State and Zip Code	
	adnuin Obel E-mail address: (1	W now medical o be used for future annual report noti	fication)
For further information	on concerning this matter, please ca		
<u> Alexand</u>	lea SILVA ne of Person	at (<u>561</u>) <u>809 - 1</u> Area Code Daytim	896 e Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fe	e i∑\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (add:tional 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDCARE & A (Name of the Limited Link) (A F	AESTHETICS LLC lability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number $2/400223$ This amendment is submitted to amend the following the following name, enter the new name of the	1 <u>88</u> .	127/2017 and assigned
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "LeL.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.	 ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	NO	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
_	Сіқ	, Florida 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>	Name	Address	Type of Action
MGR	INGRID CHASUN	4243 W Hillsboro Blvd.	DbbA 🗀
		Coconut Creek, FL 330	73 Nemove
			Change
MGR	IVAN PALAZZO10	4243 W. Hillsboro Blva.	□Add
		COCONUL CREEK, FL 3307	3_ ⊠Remove
			□Change
MGR	Doctor G MEDICAL	LLC 4243 W Hillsboro BWG	1. MAdd
		Coconut Creek, FL 3307:	□Remove
			□Change
MGP	Ale Olive Beauty Spo	Inc 9034 SW 746 St.	DVAdd
		BOCA RAJON, FL 33433	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

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ffective date, if othe an effective date is listed. Note: If the date inserte ocument's effective da	ed in this block does	s not meet the applic	able statutory filing	(optio ore than 90 days after t g requirements, this	nal) iling.) Pursuant to 605,0207 (date will not be listed as t
record specifies a delag	red effective date, b	ut not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
ſ	25	. 2024			
Pated	 -	6	P) 	-	
Pated	Signatur	e of a member or much	uriput opresentative	of a member	

Filing Fee: \$25.00

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	June 25 2024. Signature of a member or authorized representative of a member
	Don Politico
	Signature of a member or authorized representative of a member
	TVAN PALAZZOLO Typed or printed name of signee

Filing Fee: \$25.00