

L18000083020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

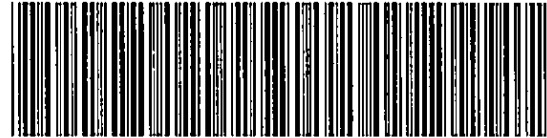
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
MAR 16 2019
MAR 16 7 11 PM '19

Amend

MAR 16 2019

D CUSHING



LAW OFFICES OF
JOHN J MCGLYNN III
BUSINESS • TAX • REAL ESTATE

729 S.W. Federal Highway, Suite 102
Stuart, Florida 34994
(772) 600-5115
jmcglynn@southflawfirm.com
www.southflawfirm.com

March 6, 2019

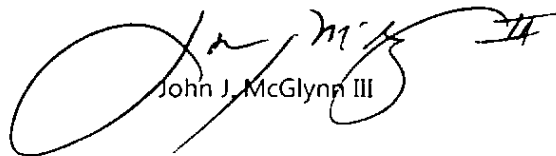
Florida Department of State
Division of Corporations Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Beauty Sleep Anesthesia, LLC - Document #L18000083020
Articles of Amendment to Articles of Organization

Dear Corporate Representative:

Attached please find Articles of Amendment to Articles of Organization for Beauty Sleep Anesthesia, LLC along with the appropriate fees, for your processing. If you have any questions or need additional information, please let me know.

Sincerely yours,



John J. McGlynn III

RECEIVED
DIVISION OF CORPORATIONS
160722-7 PM 11:30

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beauty Sleep Anesthesia, 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:

John J. McGlynn III

Name of Person

Law Offices of John J. McGlynn III

Firm/Company

729 SW Federal Highway Suite 102

Address

Stuart, FL 34994

City/State and Zip Code

jmcglynn@southflawfirm.com

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

For further information concerning this matter, please call:

Alicia Cruz

Name of Person

at (772)

Area Code

600-5115

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

19 Nov - 7 AM 11:50
Filing Section

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

Beauty Sleep Anesthesia, 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 04/02/2018 and assigned
Florida document number L18000083020.

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:

John J. McGlynn III

New Registered Office Address:

729 SW Federal Highway Suite 102

Enter Florida street address

Stuart

City

Florida 34994

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	Kiera DiCicco	1250 SW Carl Metz Ln.	<input type="checkbox"/> Add
		Palm City, FL 34990	<input type="checkbox"/> Remove
		(Change from AMBR to MGR)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 03/06/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 3/6/2019

DocuSigned by:

720

Signature of member or authorized representative of a member

Kiera DiCicco

Typed or printed name of signee