# L18000144897

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

, August 20, 2018

MY-HIEN PHAM 7653 TURKEY LAKE RD ORLANDO, FL 32819 US

SUBJECT: GOLDFINGERS AESTHETICS DR. PHILLIPS, LLC

Ref. Number: L18000144897

We have received your document for GOLDFINGERS AESTHETICS DR. PHILLIPS. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 718A00017198

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee. Florida 32314 নিয়ন্ত্র

### COVER-LETTER

| ываест:                     |  |
|-----------------------------|--|
|                             | Name of Limited Ciability Company                                  |
|                             |  |
| The enclosed Articles of /  | amendment and fee(s) are submitted for filing.                     |
| Please return all correspor | dence concerning this matter to the following:                     |
|                             | MY-HIEN PHAM   |
|                             | Name of Person   |
|                             | GOLDFINGTRU AES HALINGS DK. PAILLIPS LLC                           |
|                             | FirmvCompany   |
|                             | 7653 TURKEY LAKE ROAD  |
|                             | Address  |
|                             | ORLANDO, FL 32819  |
|                             | City/State and Zip Code  |
|                             | MYPHAMSKINCARE@GMAIL.COM   |
|                             | é-mail address. (to be used for finure annual report notification) |
| For faither information co  | ncerning this matter, please coll:                                 |
| HOWARD L HIRSCH             | 407 622-6350   |
| Name of                     | Person Area Code Daytime Telephone Number                          |

☐ \$55.00 Filling Fee &

Sections Caps

(additional) copy is enclosed).

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Same in the same

Enclosed is a check for the following amount:

₩ \$25.00 Filing Fee

10:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee.

Certified Copy

Conflicate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### GOLDFINGERS AESTHETICS DR. PHILLIPS, LLC

## (Name of the Limited Limitely Company as it now amears on our records.) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited L      | liability Company were filed on $\frac{06/12}{2}$ | 2018 and assigned                         |
|--|---|---|
| Florida document number L18000144897                 | ·   |   |
| This amendment is submitted to amend the following   | lowing:   |   |
| A. If amending name, enter the new name of           | of the limited liability company here:            |   |
| The new name must be distinguishable and contain the | vools "Limit of Liability Company." the design    | o. don YELC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applie       | cable:  |   |
| (Principal office address MUST BE A STREE            | ET ADDRESS)                                       |   |
|  |   |   |
| Enter now well an address if a strate                |   |   |
| Enter new mailing address, if applicable:            |   |   |
| (Mailing address MAY BE A POST OFFICE                | <u>BOX)</u>                                       |   |
|  | <del></del>                                       |   |
| B. If amending the registered agent and              | or registered office address on ou                | r records, enter, the come of the new     |
| registered agent and/or the new registered o         | ffice address here:                               | SC S T                                    |
|  |   |   |
| Name of New Registered Agent:                        | H L HIRSCH & COMPANY LLC                          |   |
| New Registered Office Address:                       | 1006 W 25TH STREET                                | 3550 <b>3</b> 50                          |
|  | Enter Florida s                                   | street address                            |
|  | SANFORD   | , Florida 327722                          |
|  | City  | Lip Crude                                 |

#### 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

Page 1 of 3

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>                       | Type of Action                |
|--------------|----------------------|--------------------------------------|-------------------------------|
| AMBR         | ALLYSON OTT JENNINGS | 101 S EOLA DR #901, ORLANDC          | ■ Add                         |
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| E. Effective (If an effective | re date, if other to                    | han the date of<br>a date must be speci | filing:<br>itic and cannot be p | rior to date of fili | ng or more than 90 | (optional)<br>days after filing       | )<br>g.) Pursuant to 605,                            | 020 |
| Note: 1                       | f the date inserted nt's effective date | in this block does                      | s not meet the app              | olicable statutor    | y filing requiren  | ents, this date                       | will not be liste                                    | d a |
| arrea me                      | y orrective date                        | on the Departmen                        | m on Emile 1. read              |                      |                    |                                       |  |     |
| If the reco                   | ord specifies a                         | delayed effect                          | tive date, but                  | not an effec         | tive time, at      | 12:01 a.m.                            | on the earlie  | ۲ ( |
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|                               |   | Signatur                                | M hi O                          | uthorized represe    | atative of a memb  |                                       |  |     |

Page 3 of 3

Filing Fee: \$25.00