

218000 2126013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

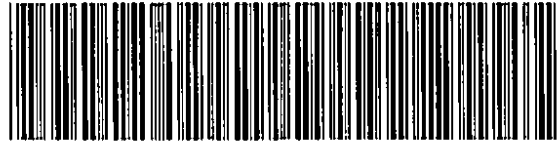
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700321080147

11/28/18--01003--005 **25.00

FILED
2018 NOV 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/Name
chg

DEC 04 2018
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Simply Re3New-Aesthetics and Skin Rejuvenation PLLC

SUBJECT: _____
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:

Richard Rieth

Name of Person

Simply Re3new Aesthetics and Skin Rejuvenation

Firm/Company

2564 Commerce Parkway

Address

North Port, Florida 34289

City/State and Zip Code

rick.rieth@re3healing.com

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

For further information concerning this matter, please call:

Rick Rieth

941

893-2733

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

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

Simply Re3new Aesthetics and Skin Rejuvenation, PLLC

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

FILED
2018 NOV 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 6th, 2018

and assigned

Florida document number L18000212613

This amendment is submitted to amend the following:

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

RS Rieth PLLC

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)

2564 Commerce Parkway Suite 101
North Port, Florida 34289

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2564 Commerce Parkway Suite 101
North Port, Florida 34289

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: _____

Enter Florida street address

_____, **Florida** _____
City 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>
AMBR	Richard Rieth	3205 Sawmill Ave North Port Florida 34286	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Sandra Rieth	3205 Sawmill Ave North Port Florida 34286	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Bonnie Wang MD	8930 Bloomfield Blvd Sarasota Florida 34238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Huan Wang MD	8930 Bloomfield Blvd Sarasota Florida 34238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ARASH FARAHVAR MD	5261 Celedon Ct Sarasota Florida 34238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	William Olivero MD	5261 Celedon Ct. Sarasota Florida 34238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 November 12th 2018

Handwritten signature

Signature of a member or authorized representative of a member

Arash Farahvar MD

Typed or printed name of signee