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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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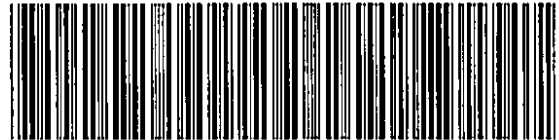
(Business Entity Name)

(Document Number)

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2019 MAY 24 PM 1:09

WILKINSON COUNTY

JUN 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Puregraft Aesthetic Centers, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank J. Campoamor, Esq.

Name of Person

Becker & Poliakoff PA

Firm/Company

4001 Tamiami Trail North Suite 270

Address

Naples, FL 34103

City/State and Zip Code

jbelloit@puregraftecenters.com

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

For further information concerning this matter, please call:

Frank J. Campoamor

239 552-3205
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**

FILED

Puregraft Aesthetic Centers, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) **2013 MAY 24 P 1: 39**

The Articles of Organization for this Limited Liability Company were filed on November 11, 2013 and assigned Florida document number L18000256566

This amendment is submitted to amend the following:

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

PureSculpting Aesthetic Centers, LLC

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)

14003 Beach Boulevard

Suite 4

Jacksonville, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14003 Beach Boulevard

Suite 4

Jacksonville, FL 32250

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:

Becker & Poliakoff PA

New Registered Office Address:

4001 Tamiami Trail North Suite 270

Enter Florida street address

Naples

City

Florida 34103

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	Barry J Grahek	1403 Ocean Front	<input type="checkbox"/> Add
		Neptune Beach, FL 32266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paul J Campoamor	32932 Whitney Road	<input checked="" type="checkbox"/> Add
		Leesburg, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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