

11/6/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000327829 3)))



H190003278293ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 12000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINES MED AESTHETICS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 NOV - 6 PM 2:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help
NOV 7 2019

T. LEMELUX

**ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION**

**OF
PINES MED AESTHETICS, L.L.C.
DOC# L19000264512**

FILED

2019 NOV -6 P 2:44

**CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA**

Pursuant to the provisions of section 605-0202, Florida statutes, this **Florida Limited Liability Company** adopts the following amendment(s) to its Articles of Organization:

This amendment is submitted to amend the following:


**ARTICLE IV
REGISTERED AGENT**

The new registered agent and/or registered office address is:

Melisa Alvarez

**15753 Pines Blvd
Pembroke Pines, FL 33027**

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.



New Registered Agent


**ARTICLE V
MANAGERS**

Authorized Person(s) authorized to manage:

<u>Title</u>	<u>Name</u>	<u>Addresses</u>	<u>Type of Action</u>
MGR	Melisa Alvarez	15753 Pines Blvd Pembroke Pines, FL 33027	Add
MGR	CORALMED CENTER GROUP INC	4178 West 12 th Ave Hialeah, FL 33012	Remove

The date of each amendment's adoption: **November 6th, 2019.**

Signature _____


Melisa Alvarez, MGR


NOV/06/2019/WED 01:33 PM

FAX No.

P. 003/003

STATE OF FLORIDA
COUNTY OF MIAMI DADE

The foregoing instrument was acknowledged before me this 6th day of November 2019 by Melisa Alvarez, who provided Florida A210540810890 as proper identification.



Notary Public

Seal



MABEL B. ORTIZ
Commission # GG 909732
Expires October 6, 2023
Bonded Three Budget Notary Services