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## **COVER LETTER**

TO: Registration Solution of Col			
	RSBURG SKIN AND LASEF	R CENTER, LLC	
SUBJECT:	Name of Lim	ited Lizbility Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	William Taylor		
		SKIN AND LASER CENTER, LLC  Name of Limited Liability Company  ent and fee(s) are submitted for filing.  In Taylor  Name of Person  Firm/Company  CHEYENNE COURT  Address  STON SALEM, NC 27106 UN  City/State and Zip Code  will & & peters in and laser	
		Firm/Company	
	4431 CHEYENNE COU	RT	
	WINSTON SALEM, NC		
	wctaylor89@gmail.som	City/State and Zip Code	Le m
	E-mail address: (	-	ation)
For further information (	concerning this matter, please c	all:	
William Taylor			
Name o	of Person	Area Code Daytime T	Celephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		· · · · · · · · · · · · · · · · · · ·	
Registration	Section	Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Maria la Mark St. Petersburg Skin and Laser Center, 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 11/13/2019 Florida document number \_\_\_\_\_\_L19000282741 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 "LLC." 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: New Registered Office Address: Enter Florida street address . Florida 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>	Address	Type of Action
MGR	Katarina R. Kesty	4431 Cheyenne Court	<b>≣</b> Add
		Winston Salem, NC 27106	□Remove
			□ Remove
			Change
			□ Add
			Remove
			Change
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blooment's effective date on the December 2.	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than 90 days after filing able statutory filing requirements, this date	a ) Pursuent to 605 02
cord specifies a delayed effective s filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) T	he 90th day after th
February 11	2020		
	Nam Ta		
V	Nate- 1/2		
		rized representative of a member	

Filing Fee: \$25.00