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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite₄I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	·	
SUNSET PLAS	TIC SURGERY, LLC	
	· · · · · · · · · · · · · · · · · · ·	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рього Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
	· _ 	Driving Record
Requested by: SET	`i i	UCC 1 or 3 File
· · · · · · · · · · · · · · · · · · ·		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier
174 Pander's Printing - Thom iske	₩ GA B/CC	l .

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

Sunset Plastic Surgery, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	(a)
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	811 Ponce de Leon Bivd	
	Coral Gables, FL 33134	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	811 Ponce de Leon Blvd	
	Coral Gables, FL 33134	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our re e:	cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street (address
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	ир Соаг
I hereby accent the annointment as registered agent and age	as to ast in this constitu	14 method agrees to according to 1

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
		☐ Change	
	_		
		•	Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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HOTE.	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and earned be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Laguel Dlill
	Signature of a member or authorized representative of a member
	Kaquel WillS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00