120000384221

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COVER LETTER

ГО:	Registration Sec Division of Corp					
CUDIE	BioMD Las	er, LLC				
SUBJEC	~1; <u> </u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
	·	Phanor Calle, MD	-			
			Name of Person			
		BioMD Laser, LLC				
		Firm/Company				
		17120 Royal Palm Blvd Suite 4				
		Address Weston, FL 33326				
	City/State and Zip Code colargmdlaser@gmail.com					
E-mail address: (to be used for future annual report notification)						
For furth	ner information co	oncerning this matter, please ca	all:			
Phanor (Calle, MD		954 3859711 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	ne following amount:				
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	e.	Street Address			

Mailing Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor	npany as it now appears on our records.) ed Liability Company)	
(V. Florida Elitic	ed Elability Company)	
The Articles of Organization for this Limited Liability Comparing L20000384221 L20000384221	any were filed on 12/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
ColArgMD Laser, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the na	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	F3 G2
	, Florida	Zip Code
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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THE DESCRIPTION