

L21000111253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

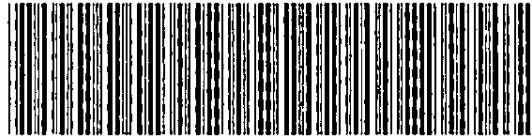
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 SEP 12 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 SEP -1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2023

MICHAEL TAGLIAFERRO
1037 MINEOLA CIR
PALM HARBOR, FL 34683

SUBJECT: TAMPA BAY SURGICAL CENTER LLC
Ref. Number: L21000111253

We have received your document for TAMPA BAY SURGICAL CENTER LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is P22000087836.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 323A00020266

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA BAY SURGICAL CENTER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Tagliaferro

Name of Person

Firm/Company

1037 Mineola Cir

Address

Palm Habor FL 34683

City/State and Zip Code

michaelt417@gmail.com

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

For further information concerning this matter, please call:

Michael Tagliaferro

727 470-8446
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 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**

FILED

2023 SEP 12 AM 11:56

TAMPA BAY SURGICAL CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/08/2021 and assigned
Florida document number L21000111253.

This amendment is submitted to amend the following:

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

Plastic Surgery of Science and Beauty 1, 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)

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 11, 2023

Lenora Hughes
Signature of a member

Signature of a member or authorized representative of a member

Linda Hughes

Typed or printed name of signee

Filing Fee: \$25.00

Tampa Bay Surgical Center LLC

5352 N Habana Ave

Tampa FL 33614

CHANGE OF NAME REQUEST

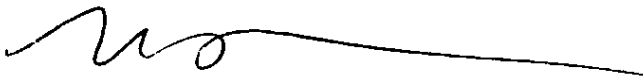
To whom it may concern,

On Friday September 1, 2023, an ARTICLES OF AMENDMENT was submitted. The Articles were rejected due to a name the same name already on file.

I am resubmitting the ARTICLES OF AMENDMENT with an updated name version.

Regards

Michael Tagliaferro

A handwritten signature in black ink, appearing to read 'Michael Tagliaferro', with a long horizontal line extending to the right.

RECEIVED
2023 SEP 12 AM 11:44
ALLAHASSEE, FL 32001