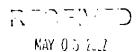
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COVER LETTER

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CHD IFOT.		Plastic Surgery, LLC					
SUBJECT: Name of Limited Liability Company							
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Alexey Markelov					
			Name of Person				
		Markelov Plastic Surgery,	LLC				
			Firm/Company				
		11044 Longboat Key Ln, A	Apt 312				
			Address				
		Tampa FL 33626					
		dr.markelov@gmail.eom E-mail address: (to be used for future annual report notil	ication)			
For further i	information co	oncerning this matter, please ca					
Alexey Ma	rkelov		516 669-6821				
Name of Person		Person	at () Area Code Daytime	e Telephone Number			
Enclosed is	a check for th	ne 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			
<u>Ma</u>	uling Address	s:	Street Address:	ition			

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 TO ARTICLES OF ORGANIZATION OF

Markelov Plastic Surgery, 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 April 12th, 2022 and assigned Florida document number 1.22000176394 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) 13618 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:

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.

Cin

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to mahage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tatiana Markelov	11044 Longboat Key Ln, Apt 312, Tampa, FL 33626	■Add
			□Remove
			□Change
<u></u>			□Add
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Effective date, if other than the fan effective date is listed, the date mu- Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applied bepartment of State's records.	able statutory filing requir	ements, this date will not	be listed as
	e date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th de	ay after the
e record specifies a delayed effectived is filed.				
		 #}		
rd is filed.			niber	