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July 21, 2022

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: The Plastic Surgery Institute LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.

Also, please find enclosed a check for state filing fees in the amount of \$55.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor

CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Plastic Surgery Institute LLC		
(Name of the Limited L (A F	ability Company as it now appears on our records lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 06/14/2022	and assigned
Florida document number L22000271370		
This amendment is submitted to amend the following	ng:	
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 "L.L.C."
Enter new principal offices address, if applicable	:	() () () () () () () () () ()
Principal office address MUST BE A STREET A	<u> </u>	1
		C.
Inter new mailing address, if applicable:		·:
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	
		<u> </u>
t. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, address here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flo	
	City	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

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>	Name	Address	Type of Action
AMBR	Amer Nassar	399 Congress St. Unit 1124	5
		Boston, MA, 02210	
			Remove
			A Change
AMBR	Andrew Dorizas	399 Congress St. Unit 1124	Add
		Boston, MA, 02210	
			Remove
			
			□ Remove
			Change
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an effective date is listote: If the date in:	other than the date of sted, the date must be specif serted in this block does e date on the Departmen	fic and cannot be prio not meet the appli	r to date of filing or mon cable statutory filing r		ng.) Pursuant to 605.0
	ies a delayed effecti after the record is fi		ot an effective tim	ne, at 12:01 a.m	n. on the earlier
	19	<u>, 202</u>	2.		
Pated July					

Page 3 of 3

Filing Fee: \$25.00