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(Requestor's Name)

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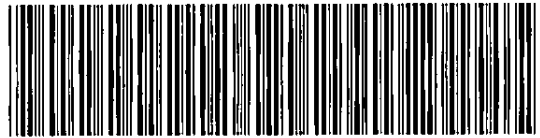
(Business Entity Name)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: REVITALIZE COSMETIC SURGICAL ARTS 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:

Jeffrey Selzer

Name of Person

Selzer Law

Firm/Company

2550 NE 15th Avenue

Address

Fort Lauderdale, FL 33305

City/State and Zip Code

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

For further information concerning this matter, please call:

Jeffrey Selzer

954

567-4444

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

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REVITALIZE COSMETIC SURGICAL ARTS LLC

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Quintero, Christian, DR.	405 NE 2nd Street Suite 401	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christian Quintero Trustee	The Christian Quintero Rev Trust dtd 03/29/23	<input checked="" type="checkbox"/> Add
		1742 N.E. 7th Terrace	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33305	<input type="checkbox"/> Change
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
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Dated

03/29/2023

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Typed or printed name of signee

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**Filing Fee: \$25.00**