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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	L
(Business Entity Name)	
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Certified Copies Certificates of Status	
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## **COVER LETTER**

**Registration Section** 

Division of Corporations

TO:

SUBJECT: Lie	SSYS Lase Name of Lim	Center LU ited Liability Company	<u>0</u> ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Oevartes Name of Person	
	Lissys	Eirm/Company	r uc
	8466	See 8th St	
	Miani	City/State and Zip Code 25+evezaccto to be used for future annual report not all: at (786) 853 Area Code Daytin	
	acosta e	estevezaccto to be used for future annual report not	@ condition in the cond
For further information co	oncerning this matter, please c	all:	G 28 TARY AHA
Lisys (	<u>levantes</u>	at(786) 853	3-60205
√ Name of	f Person	Area Code Daytin	ne Telephone Number 7
linclosed is a check for th	e 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 S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	Fallahassee
Tallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lissus Laser	Center LC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2300 0 32 1256</u>	mpany were filed on 07 06 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	ESS)
	SECRETA 17/LLAI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Business de la control de	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 wit 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 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 of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

**Title** Name Address **Type of Action** 8466 Sw 8th Street Miani FL 33144 Ricardo CNZ □ Change  $\square \Lambda dd$ □Remove Change Change S □ A dd d ---Remove क Change \_  $\Box$ Add \_ 🗆 Remove □Remove □ Change \_ □Add Remove

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