L23000480477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE LASER Clinique, 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:

Next level Innovations, LLC
Name of Person

6817 South Point Parkway
Firm/Company

Address

Jacksonville Fl 32216
City/State and Zip Code

Jazmin_ka@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jazmin Kazarian at (305) 788-5078
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

THE LASER CLINIQUE, 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 10/23/2023 and assigned Florida document number L23000480477

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 "L.L.C" 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: NEXT level innovations, LLC

New Registered Office Address: 6817 South Point Parkway suite 1603
Enter Florida street address

Jacksonville, **Florida** 32216
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

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

Please Note: the Name of ~~the~~ LLC will Remain the same.

The Purpose of this Amendment is just to change all MBR/MGRS from Current ~~A~~ listings to the New MGRS.

Also: The Address ~~for~~ All New MGRS & Members are the Same:

6817 South Point Park Way
Suite 1603 Jacksonville
~~F~~Fl 32216

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.

f 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 ecord is filed.

Dated 10/26/23

Signature of a member or authorized representative of a member

Armin Kazrafar

Typed or printed name of signee

Filing Fee: $25.00

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
AMGR	NEXT level innovations, LLC	6817 South Point Parkway, Jacksonville	☑ ADD
	Remove →	KAZRAYAN, JAZMIN, DNP, RN	☑ Remove
			☐ Change
AMGR	North Florida Primary and Geriatric Group, LLC		☑ Add
address: 7 South Point Parkway Jacksonville Fl 32216	(MGR)	KHAZRAYAN, SAMIRA, M.D	☑ Remove
			☐ Change
GR	Zenith Legacy Holdings, LLC		☑ Add
	(MGR)	KHAZRAYAN, ATEFEH	☑ Remove
address: 6817 south Point Parkway suite 1603 Jacksonville Fl 32216			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change