

L23000480477

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

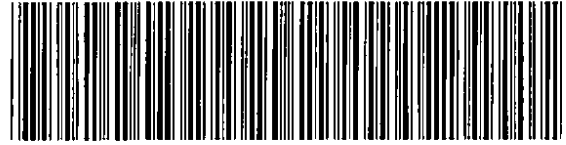
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/01/23--01008--018 \*\*25.00

11/01/23 11:11:00

## 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 Florida 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 KAZRAN at (305) 788-5078  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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 listings to the new MGRs.

Also: The Address for all New MGRs & Members are the same:

6817 South Point Park Way  
Suite 1603 Jacksonville  
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.

If 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 record is filed.

Dated

10/26/23

Signature of a member or authorized representative of a member

Armin KAZRAVAN

Typed or printed name of signer

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|     |                             |                                       |                                         |
|-----|-----------------------------|---------------------------------------|-----------------------------------------|
| 4GR | NEXT level innovations, LLC | 6817 South Point Parkway Jacksonville | <input checked="" type="checkbox"/> ADD |
|-----|-----------------------------|---------------------------------------|-----------------------------------------|

Remove → ~~KAZRAVAN, JAZMIN, DNP, RN~~ ☒ Remove

\_\_\_\_\_ ☐ Change

|     |                                                |  |                                         |
|-----|------------------------------------------------|--|-----------------------------------------|
| 1GR | NORTH Florida Primary and Geriatric Group, LLC |  | <input checked="" type="checkbox"/> Add |
|-----|------------------------------------------------|--|-----------------------------------------|

address:

|                                       |                               |  |                                            |
|---------------------------------------|-------------------------------|--|--------------------------------------------|
| 1 South Point Parkway Jacksonville FL | (MGR) KHAZRAVAN, SAMIRA, M.D. |  | <input checked="" type="checkbox"/> Remove |
|---------------------------------------|-------------------------------|--|--------------------------------------------|

32216 \_\_\_\_\_ ☐ Change

|    |                             |  |                                         |
|----|-----------------------------|--|-----------------------------------------|
| GR | Zenith Legacy Holdings, LLC |  | <input checked="" type="checkbox"/> Add |
|----|-----------------------------|--|-----------------------------------------|

(MGR) ~~KHAZRAVAN, ATEFEH~~ ☒ Remove

address: 6817 south point \_\_\_\_\_ ☐ Change

Parkway Suite 1603 \_\_\_\_\_ ☐ Add

Jacksonville FL 32216 \_\_\_\_\_

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change