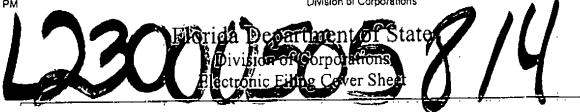
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From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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Email	Address:	<u>:</u>	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESET COSMETIC SURGERY, L.L.C.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESET COSMETIC SURGERY, L.L.C.		
(Name of the Limited Liability Compani (A Florida Limited Li	iy as it now appears on our records.) iability Company)	
	•	and accioned
he Articles of Organization for this Limited Liability Company	were filed on Torza Zawa	and assigned
orida document number L23000505814	, and the second se	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ESET COSMETIC SURGERY LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e appreviation "L.L.C.
inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	<u></u>	·
-Timespat by the man coo is a		
	i	
Inter new mailing address, if applicable:	<u></u>	<u></u>
Mailing address MAY BE A POST OFFICE BOX)		zip Code  agree to comply with to m familiar with and Or, if this document is
3. If amending the registered agent and/or registered office a	address on our records, enter the r	nme of the new register
gent and/or the new registered office address here:		•
		1
Name of New Registered Agent:		<u>;  </u>
No. 11 - interest Office Address'	· 	
New Registered Office Address:	Enter Florida street address	7
	Florida,	خت ــــــــــــــــــــــــــــــــــــ
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	C ·
hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been natified in writing of this change.	ree to act in this capacity. I further e performance of my duties, and I executed for in Chapter 605, F.S.	Or, if this document is te limited liability
IC Chr.	anging Registered Agent, Signature of Ne	w Registered Agent
11 C++	***************************************	

Audit Fax # H23000415173 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and	address of each	person being added
If thirthing Authorized 1 of the (b)	I	•
or removed from our records:		

MGR = M $AMBR = A$	lanager uthorized Member	; ;	
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