



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2017

ANITA BAUMANN
MOSKOWITZ DERMATOLOGY, M.D.P.L.L.C
1000 W BROADWAY #206
OVIDO, FL 32765

SUBJECT: OVIDO DERMPATH, P.L.L.C.
Ref. Number: L16000018395

RECEIVED
2017 MAR 10 PM 3:29
TALLAHASSEE, FLORIDA

We have received your document for OVIDO DERMPATH, P.L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 517A00003736

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 24 PM 12:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oviedo Dermopath, P.L.L.C.
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:

Anita Baumann
Name of Person

Moskowitz Dermatology, M.D. P.L.L.C.
Firm/Company

1000 W. Broadway #206
Address

Oviedo, FL 32765
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA
17 FEB 24 PM 12:59

For further information concerning this matter, please call:

Anita Baumann at (407) 542-0100 ext 1407
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Oviedo Dermopath P.L.L.C.
(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 1-29-16 and assigned Florida document number 216000018395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Moskowitz Dermatology, M.D., P.L.L.C.
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1000 W. Broadway #206
Oviedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

FILED
STATE
SECRETARY OF
FLORIDA
17 FEB 24 PM 11 00
TALLAHASSEE

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

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>
Practice MGR	Amira Baumann	1000 W. Broadway #204	<input checked="" type="checkbox"/> Add (Same)
		Orlando, Fl. 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 FEB 24 PM 1:00

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

Multiple horizontal lines for amending information.

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 2.21.17, _____

Handwritten signature of Jeffrey Moskowitz

Signature of a member or authorized representative of a member

Jeffrey Moskowitz
Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 24 PM 1:00