

L16000018395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

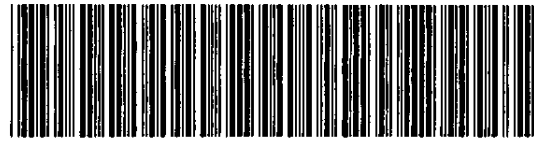
(Business Entity Name)

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MAR 10 2017  
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TALLAHASSEE, FLORIDA  
17 FEB 24 PM 12:59



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

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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

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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 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 |
|              |               |                                  | <input type="checkbox"/> Add    |
|              |               |                                  | <input type="checkbox"/> Remove |
|              |               |                                  | <input type="checkbox"/> Change |
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|              |               |                                  | <input type="checkbox"/> Remove |
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|              |               |                                  | <input type="checkbox"/> Change |

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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