## 602134

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	(Address)			
	(City/State/Zip/Phone #)			
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION	RIDGE	EDWARDS	DERMATOROGY,
DOCUMENT NUMBER:			
The enclosed Articles of Amen	dment and fee are sul	bmitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
	EDDIE	KoZIKows Name of Contact Person	K <sub>1</sub>
	Ripote	Epwarts De	nntorog PA. my #105
	1800 N.	FEDERAL H	wy #105
<u>_</u>	Pompono	BCH. F1.  City/ State and Zip Code	33062
E-n	RIDGEE nail address: (to be use	DW @ BEI/S ed for future annual report	NOUTH. NET
For further information concern	sing this matter, pleas	e call:	
EDDIE KOZ	UKOUSKI	at ( 954	941-540] le & Daytime Telephone Number
Name of Contac	t Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made p	payable to the Florida Depar	rtment of State:
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

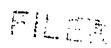
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of



the Florida Dept. of State 7 1 1- 4: 39
· · · · · · · · · · · · · · · · · · ·
on (if known)
ofit Corporation adopts the following amendment(s
The new
any," or "incorporated" or the abbreviation of offessional corporation name must contain the
ida, enter the name of the
RAL HWY # 105
224/2
. Florida 33062

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President: T= Treasurer: S= Secretary: D= Director: TR= Trustee: C = Chairman or Clerk: CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			<u> </u>
Add			
Remove			
2) Change			_/
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	ng additional Articles, enter change(s) here: vets, if necessary). — (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<i>'</i>
····	
	t de la companya de
	•
an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imple	ementing the amendment if not contained in the amendment itself:
(if not applicable	e, indicate N/A)
	,

	option:	, if other than the
date this document was signed.		011 7019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	-04-2011
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
	( <u>CHECK ONE</u> )	
II The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes east for the ficient for approval.	he amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the ame	llowing statement ndment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action	and shareholder
The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action and	shareholder
D. 1 02	-05-7019	
Signature	605-2019	
(By a di selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	E.K. EDURIOS JY MD	
	(Typed or printed name of person signing)	
	Dusi rant	
	(Title of person signing)	