L05000066684

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PICK-UP WAIT MAIL
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(Business Entity Name)
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SECRETARY OF STATE
ALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Romagosa Dermatology Group, 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:
Giselle Del Amo, Esq. Name of Person
Infante, Zumpanu, Hudson + Miloch, LLC
500 S. Dixie Highway Svite, 302
Coral Gables, FL 33144 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GISEILE DEL AMO at (301) 503-2990 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$25.00 \text{ Filing Fee}} \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$

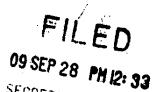
MAILING ADDRESS:

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



Romagusa Dermatology Group, LLC AMAS (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number LO500006684 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2 220 SE Ocean Blvd. #301 Enter new principal offices address, if applicable: stuart, Florida 34990 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Stuart, Florida 34990 (Mailing address MAY BE A POST OFFICE BOX) 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 City

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

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Filing Fee: \$25.00