

LOS000066684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

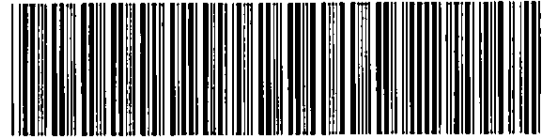
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

5/12/25  
LLC add  
amended LP

Office Use Only



000445800660

03/04/25--01010--012 \*\*52.50

Return check

do Refund on  
remainder  
amount from

52.50 ?

Morgan, Lovett  
Charles

Refund  
27.50

Mal  
5/20/25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2025

BRIAN ROSENDAHL  
2220 SE OCEAN BLVD STE 301  
STUART, FL 34996 US

SUBJECT: ROMAGOSA DERMATOLOGY GROUP, LLC  
Ref. Number: L05000066684

We have received your document for ROMAGOSA DERMATOLOGY GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

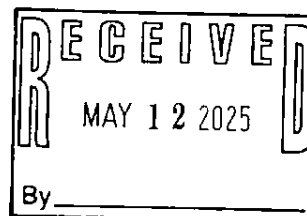
The form you submitted is for a LP AMENDMENT, but your entity is a LLC AMENDMENT. Please complete and return the enclosed blank form(s).

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) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 125A00007470



## 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:

RICARDO A ROMAGOSA

Name of Person

ROMAGOSA DERMATOLOGY GROUP, LLC

Firm/Company

2220 SE OCEAN BLVD STE 301

Address

STUART, FL, 34996

City/State and Zip Code

rick.romagosa

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN ROSENDALH

Name of Person

at ( 954 ) 651 7800

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ROMAGOSA DERMATOLOGY GROUP LLC

(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 7/7/2005 and assigned  
Florida document number 405000066684.

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 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)**

**Enter new mailing address, if applicable:**

**(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

\_\_\_\_\_, **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>
<del>DR.</del> MGRM	RICARDO A. ROMAGOSA	2220 SE OCEAN BLVD	<input checked="" type="checkbox"/> Add
		SUITE 301	<input type="checkbox"/> Remove
		STUART, FL 34996	<input checked="" type="checkbox"/> Change
AMBR	YVONNE ROMAGOSA	2220 SE OCEAN BLVD	<input checked="" type="checkbox"/> Add
		SUITE 301	<input type="checkbox"/> Remove
		STUART, FL 34996	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

MAY 7 . 2025



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**