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COVER LETTER

	egistration Se ivision of Cor			
CUB ICCT	DERMAX,			
SUBJECT	`• <u></u>		ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		ENRIQUE SIERRA		
			Name of Person	
			Firm/Company	
		19387 SW 79 PLACE		
			Address	
		CUTLER BAY, FLORIDA	a, 33157	
		ESIERRA@NAVEM.US	City/State and Zip Code to be used for future annual report no	otification)
For further	· information c	concerning this matter, please ca		
ENRIQUE	ESIERRA		305 979-3917	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for t	he 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)
	lailing Addres		Street Address:	· nation
	legistration (Division of C	Section Corporations	Registration S Division of Co	
	O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DERMAX, LLC

company has been notified in writing of this change.

2020 HAY 11 PM 2: 24

(Name of the Limited Liability Company as it now appears on our securds NY OF STATE (A Florida Limited Liability Company) IALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company	y were filed on 06/20/2006 and assigned		
Florida document number L06000062290			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NAVEM, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	19387 SW 79 PLACE		
(Principal office address MUST BE A STREET ADDRESS)	CUTLER BAY, FLORIDA 33157		
Enter new mailing address, if applicable:	19387 SW 79 PLACE		
(Mailing address MAY BE A POST OFFICE BOX)	CUTLER BAY, FLORIDA 33157		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regist		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
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ocument's effective date on the	[
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record specifies a delayed effect	ive date, but not an eff	fective time, at 12:0	l a.m. on the earlie	of: (b) The 90th day	after the
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record specifies a delayed effect d is filed.	202			of: (b) The 90th day	v after the

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