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2012 FEB 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
FEB 27 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure SKin Dermatology, 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:

Debra L. Grayman, MD
Name of Person

Pure SKin Dermatology, LLC
Firm/Company

8449 Sand Lake Shores Ct.
Address

Orlando FL 32836
City/State and Zip Code

dgraymd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra L. Grayman, MD at (305) 924-5581
Name of Person Area Code & Daytime Telephone Number

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2012 FEB 24 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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**

Pure Skin Dermatology, 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 2/29/2008 and assigned
Florida document number LD8000022075.

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."

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)

FILED
2008 FEB 24 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Janett Laing	9959 SW 146 Place Miami, FL 33186	☒ Add ☐ Remove
Director	Timothy Grayman	8449 Sand Lake Shores Ct Orlando, FL 32836	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

2012 FEB 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 22, 2012.

[Signature] MD
Signature of a member or authorized representative of a member
Debra L. Grayman MD
Typed or printed name of signee