

108000088532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

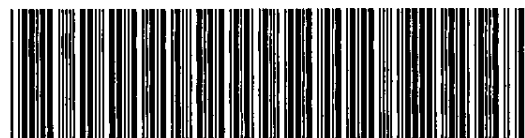
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR 15 PM 1:41

FILED

K. SALY  
MAR 17 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Integrated Dermatology of the Palm Beaches, 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:

Cornelia Dean  
\_\_\_\_\_  
Name of Person

Integrated Dermatology Group, LLC  
\_\_\_\_\_  
Firm/Company

902 Clint Moore Road, Suite 226  
\_\_\_\_\_  
Address

Boca Raton, FL 33487  
\_\_\_\_\_  
City/State and Zip Code

cdean@mydermgroupp.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cornelia Dean  
\_\_\_\_\_  
Name of Person

561 314-2000  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Integrated Dermatology of the Palm Beaches, LLC

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 17, 2008 and assigned  
Florida document number L08000088532.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ocean Skin Dermatology, LLC

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:**

340 Royal Poinciana Way, Suite 325D

**(Principal office address MUST BE A STREET ADDRESS)**

Palm Beach, FL 33480

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

340 Royal Poinciana Way, Suite 325D

**(Mailing address MAY BE A POST OFFICE BOX)**

Palm Beach, FL 33480

**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>
MGR	Heather Houck, MD	340 Royal Poinciana Way	<input checked="" type="checkbox"/> Add
		Suite 325D	<input type="checkbox"/> Remove
		Palm Beach, FL 33406	<input type="checkbox"/> Change
MGRM	PBC2 Derm LLC	902 Clint Moore Road	<input type="checkbox"/> Add
		Suite 226	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33487	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2017 MAR 15 PM 4:11  
SECRETARY OF STATE  
ALABAMA

2017 MAR 19 11:11 AM  
STATE OF FLORIDA  
TALLAHASSEE

2017 MAR 15 PM 1:44  
CLERK OF SUPERIOR COURT  
FALL HARBOR, FLORIDA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 14, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee