

Division of Corporations

Page 2

**L09000082725**Florida Department of State  
Division of Corporations  
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DERMAPLEX-MD, LLC

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**EXAMINER**

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**FAX COVER SHEET**

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**TO**

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**COMPANY**

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**FAX NUMBER** 18506176383

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**FROM** Tony Burroughs

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**DATE** 2009-12-17 11:38:50 PST

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**RE** FL SOS

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**COVER MESSAGE**

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Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 |  
Fax 323.337.0742 | tburroughs@legalzoom.com www.legalzoom.com | 7083 Hollywood  
Blvd., Suite 180, Los Angeles, CA 90028

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DERMAPLEX-MD, 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:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at ( 323 ) 962-8600

(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

2009 DEC 17 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OFDERMAPLEX-MD, 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 08/27/2009 and assigned  
Florida document number L09000082725.

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."

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:

Nine Star Holdings, LLC

New Registered Office Address:

4051 SW 47th Avenue, Suite 101-102  
(Enter Florida street address)Davie Florida 33314  
(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)

David Hausdorf, member of  
Nine Star Holdings, LLC

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>
MGRM	DAVID HAUSDORFF	4051 S.W. 47TH AVE., STE. 101 & 102 DAVIE FL 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALAN COHEN	4051 S.W. 47TH AVE., STE. 101 & 102 DAVIE FL 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nine Star Holdings, LLC	4051 S.W. 47th Ave. Ste. 101 DAVIE FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

12/11/09

2009

Signature of a member or authorized representative of a member

DAVID HAUSDORFF, managing member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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