

**L110000088094**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

(Document Number)

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

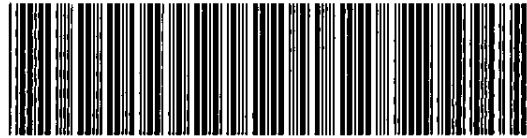
Special Instructions to Filing Officer:

**L. SELLERS**

SEP 14 2011

**EXAMINER**

Office Use Only



**300210803503**

08/15/11--01027--026 \*\*25.00

SECRETARY OF STATE  
RECEIVED  
SEP 14 2011

SEP -9 PM 1:48

**FILED**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2011

ROBERT SPOONT  
7050 W. PALMETTO PARK ROAD, STE. 30  
BOCA RATON, FL 33433

SUBJECT: HYA, LLC  
Ref. Number: L11000088094

We have received your document for HYA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 111A00019342

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Clearly Derm 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:

Robert SPoont

Name of Person

Clearly Derm LLC

Firm/Company

7050 W. Palmetto Park Rd. Sv. 30

Address

BOCA RATON FL 33433

City/State and Zip Code

rspoont@clearlyderm.com

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

For further information concerning this matter, please call:

Robert Spoont

Name of Person

at ( 561 )

482-8000

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

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

Clearly Derm 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 8/23/10 and assigned  
Florida document number L10000088094.

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)

**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:

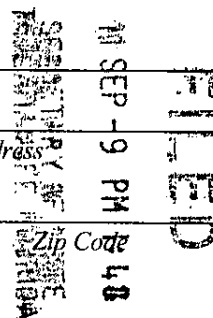
*Enter Florida street address*

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>
MGR	Robert Spoont	8180 Twin Lake Drive Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andrea Colton	4270 NW 24th Ave Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Les S. Alt	329 Royal Palm Way Boca Raton, FL 33422	<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 August 12

2011

Signature of a member or authorized representative of a member

Robert Spoont

Typed or printed name of signee