

L110000 85644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

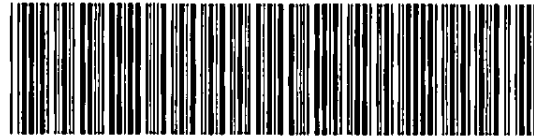
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S. TALLENT

FEB 04 2019

FILED

19 FEB -6 PM 4:43

N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2019

LISA GRAY
CUTICARE PRODUCTS, LLC
6500 N. SOCRUM LOOP RD. STE. 200
LAKELAND, FL 33809

SUBJECT: CUTICARE PRODUCTS, LLC
Ref. Number: L11000085644

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED AMENDMENT FORM FOR ARTICLES OF ORGANIZATION AND RESUBMIT.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00000801

Cuticare Products, LLC

Timothy E. Knight, M.D., D.V.M.

6500 N Socrum Loop Rd, Suite 200
Lakeland, Florida 33809
Toll Free: 866-308-8776 or 863-858-3549

January 31, 2019

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Cuticare Products, LLC
Ref. Number L11000085644

Dear Susan Tallent,

In reference to the above subject and reference number, enclosed please find the correct documents needed to change our company name. We included a check with our first submission of documents for \$35.00 check# 1044 which you have already cashed. I see the filing fee for the new documents is only a \$25.00 filing fee. If you would please issue a refund back to us for the \$10.00 that would be greatly appreciated. Thank you in advance for your help with this matter. If you need any additional information, please do not hesitate to contact me at 863-858-3549 or email: info@cuticareproducts.com.

Sincerely,

Handwritten signatures of Lisa Gray and Timothy E. Knight MD. The signature of Lisa Gray is on the left, and the signature of Timothy E. Knight MD is on the right, separated by a vertical line.

Lisa Gray/Timothy Knight MD

Rec 2/4/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cuticare Products, 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:

Lisa Gray

Name of Person

Cuticare Products, LLC

Firm/Company

6500 N. Socrum Loop Rd. Ste. 200

Address

Lakleand, Fl. 33809

City/State and Zip Code

Info@cuticareproducts.com ✓

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

For further information concerning this matter, please call:

Lisa Gray

at (863) 858-3549
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Cuticare Products, 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 07/25/2011 and assigned
Florida document number L11000085644.

This amendment is submitted to amend the following:

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

CutiCare_{MD} Products, 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:

(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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Timothy E. Knight MD, MMR
Signature of a member or authorized representative of a member

Typed or printed name of signee