

L110000115948

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR

OCT 21 2011

EXAMINER



400213357794

10/19/11--01013--007 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:46

COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Materma Derma, 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:

Rena Arellano  
Name of Person

Materma Derma, LLC  
Firm/Company

1130 Creekside Way, #111088  
Address

Naples, FL 34108  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person 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  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:46

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Materna Derma, 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 10/10/2011 and assigned  
Florida document number L11000115948.

FILED  
STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 OCT 19 AM 10:49

This amendment is submitted to amend the following:

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

Materna Derma, LLC

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

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

1130 Creekside Way

#111088

Naples, FL 34108-1929

**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:

Stephen Thompson

New Registered Office Address:

2766 Medallist Lane

Enter Florida street address

Naples

Florida

34109

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.*

Stephen Thompson  
If Changing Registered Agent, Signature of New Registered Agent

<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"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated October 14, 2011

*Rena Arellano*

Signature of a member or authorized representative of a member

Rena Arellano

Typed or printed name of signee

**Page 2 of 2**

**Filing Fee: \$25.00**