

L12 0000 116 93

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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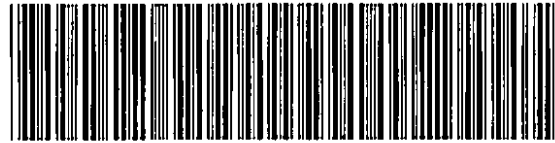
(Business Entity Name)

(Document Number)

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08/24/21 09:00:00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DERMATRAN HEALTH SOLUTIONS, 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:

FIRST NEIGHBORHOOD LAW FIRM

\_\_\_\_\_  
Name of Person

ONE EAST BROWARD BLVD

\_\_\_\_\_  
Firm/Company

SUITE 700

\_\_\_\_\_  
Address

FT. LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

miami@1nlf.com

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

For further information concerning this matter, please call:

CHRISTOPHER L. CLARK, ATTORNEY AT LAW

954

282.1653

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERMATRAN HEALTH SOLUTIONS, 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 04.20.2012 and assigned Florida document number 1.12000011693

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 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)

ONE EAST BROWARD BOULEVARD

SUITE 700

FT. LAUDERDALE, FL 33301

**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:

CHRISTOPHER CLARK, ATTORNEY AT LAW

New Registered Office Address:

ONE EAST BROWARD BOULEVARD, SUITE 700

*Enter Florida street address*

FT. LAUDERDALE

Florida 33301

*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.*

DocuSigned by:

*Christopher L. Clark, Esq*

If Changing Registered Agent, Signature of New Registered Agent

If attending 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>
MGRM	MOSS, SAMUEL R	85 TECHNOLOGY PARKWAY	<input type="checkbox"/> Add
		ROME, GA 30165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GUSSENHOVEN, ROBERT	85 TECHNOLOGY PARKWAY	<input type="checkbox"/> Add
		ROME, GA 30165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TONY RAYFUS	6065 PARKWAY NORTH DRIVE, STE 200	<input checked="" type="checkbox"/> Add
		CUMMING, GA 30040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	D'YANA RAYFUS	6065 PARKWAY NORTH DRIVE, STE 200	<input checked="" type="checkbox"/> Add
		CUMMING, GA 30040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 8/20/2021

Typed or printed name of signee

**Filing Fee: \$25.00**