

L12000025575

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
12 MAR 27 PM 2:51

MAR 28 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Dermatology Real Estate Palm Harbor LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard A. Miller

Name of Person

Bay Dermatology Real Estate Palm Harbor LLC

Firm/Company

8220 US Highway 19 N

Address

Port Richey, FL 34668

City/State and Zip Code

lhaskell@baydermatology.com

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

For further information concerning this matter, please call:

Richard A, Miller

Name of Person

at (727) 841-8505

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 MAR 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 15, 2012

RICHARD A MILLER
BAY DERMATOLOGY REAL ESTATE PALM HARBOR
8220 US HWY 19 N
PORT RICHEY, FL 34668

SUBJECT: BAY DERMATOLOGY REAL ESTATE PALM HARBOR LLC
Ref. Number: L12000025575

We have received your document for BAY DERMATOLOGY REAL ESTATE PALM HARBOR 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):

What are you changing?

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00009424

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bay Dermatology of Palm Harbor, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 2/22/2012 and assigned
Florida document number L12000025575.

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:

8220 US Highway 19 N

(Principal office address MUST BE A STREET ADDRESS)

Port Richey, FL 34668

Enter new mailing address, if applicable:

8220 US Highway 19 N

(Mailing address MAY BE A POST OFFICE BOX)

Port Richey, FL 34668

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

Port Richey

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

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

Please change all MGRM city name to Port Richey. _____

Dated _____

Signature of a member or authorized representative of a member

Michael E. Krutchik

Typed or printed name of signee

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