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COVER LETTER

Division of Corporations
SUBJECT: High Tide Dermatology Center, LLC Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debra L. Bailey Name offerson High Tide Dermatology Firm/Company
,
221 Hurbour Dr Address
Naples, FL 34103 City/State and Zip Code
der m do c @ naple s 221. (om E-mail address: (to be lifed for future annual report notification)
For further information concerning this matter, please call:
Debra L Bailey at (239) 404-8940 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS. STREET/COURIER ADDRESS.

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Tide Dern	d Liability Compan	Center,	LLC records.)		
(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Lia Florida document number <u>/ /3 0000 </u>	bility Company v 7 <i>352</i> -	were filed on $04/c$	1/2013	and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabilis	y Company," the designation	n "LLC" or the abbro	eviation "L.L.C."	
Enter new principal offices address, if applica	ble:			至 考	1
(Principal office address MUST BE A STREET ADDRESS)				7	
					M
				, tik	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
				· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/o registered agent and/or the new registered offi			ecords, enter th	e name of the ne	<u>2W</u>
Name of New Registered Agent:	Debra	L Bailey			
New Registered Office Address:	221 H	Farhour Dy Enter Florida street	address		
	Naples	City	Florida <u> </u>	4103 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.

Doba Z Gally
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>	Address	Type of Action		
<u> </u>	Raymond Kellish	221 Harbour Dr			
		221 Harbour Dr Naples, FL 34103	Remove		
			Change		
<u>1P</u>	Lindsay Montoya	4242 Winterburn Ave	X Add		
	/	4242 Winterhurn Ave Pittsburgh, PA 15207	Remove		
			□ Change		
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amending any other in	formation, enter	r change(s) here	e: (Attach additt	ional sheets, if ne	ecessary.)	
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ffective date, if other than effective date is listed, the ote: If the date inserted in peument's effective date of	late must be specific this block does no	and cannot be prior of meet the applica	able statutory filir	nore than 90 days affing requirements, the	tional) ter filing.) Pursuant t his date will not be	o 605.0207 (3)(1 e listed as the
record specifies a d The 90th day after th			t an effective	time, at 12:01	a.m. on the e	arlier of:
and Novemb	er 6	201	<u>}</u> .			
Debra	2 Bail Signature o	111 f a member or autho	orized representative	e of a member		_
Dehra	1 B	ailou	,			

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Filing Fee: \$25.00