

L14 0000 04979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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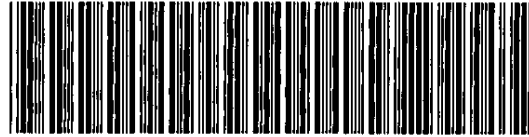
(Business Entity Name)

(Document Number)

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14 JUN 30 PM 1:28
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skin Wellness Physicians, 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:

Daniel I. Wasserman

Name of Person

Skin Wellness Physicians, LLC

Firm/Company

8625 Collier Blvd

Address

Naples, FL 34114

City/State and Zip Code

Dwass@skinwellfl.com

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

For further information concerning this matter, please call:

Daniel I. Wasserman

Name of Person

at (239)

Area Code

732-0044

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Skin Wellness Physicians, 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 01/09/14 and assigned
Florida document number L14000004979

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:

8625 Collier Blvd

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34114

Enter new mailing address, if applicable:

8625 Collier Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34114

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:

Daniel I. Wasserman

New Registered Office Address:

8625 Collier Blvd

Enter Florida street address

Naples

Florida

City

34114

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.

Daniel I. Wasserman
If Changing Registered Agent, **Signature of New Registered Agent**

MGR = Manager
AMBR = Authorized Member

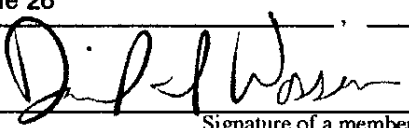
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Rubin	1235 N. Rio Blvd	<input type="checkbox"/> Add
		Ft. Lauderdale FL 33301	<input checked="" type="checkbox"/> Remove
MGR	Daniel I. Wasserman	8625 Collier Blvd	<input checked="" type="checkbox"/> Add
		Naples, FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: Immediately **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 26, 2014



Signature of a member or authorized representative of a member

Daniel I. Wasserman

Typed or printed name of signee

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Filing Fee: \$25.00

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