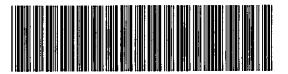
L150000 16676

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2018 FEB -8 FH 3: 28

J. HARRIS

COVER LETTER

| CUBIECT. | 120 C OT IV | E AME 114 LLC | |
|---------------------------|--|---|--|
| SUBJECT: | Name of Lim | E AVE 116 LLC ited Liability Company | 1.000.000 |
| | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | | |
| | MARIA | ANNE CARROLL | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 120 S (| Ste DLIVE AVE NUM 116 | |
| | | Address | |
| | WEST | PALM BEACH, FL 33401 | |
| | | City/State and Zip Code | |
| | CARR | OLL450@YAHOO.COM | , |
| | E-mail address: (| to be used for future annual report noti | dication) |
| For further information | concerning this matter, please ca | all: | |
| MARIANN Name | IE CARROLL of Person | at (<u>248</u>) <u>891-3763</u> Area Code Daytim | ne Telephone Number |
| | | | |
| Enclosed is a check for t | the following amount: | | |
| X \$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:

TO:

Registration Section
Division of Corporations

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

| 120 S OLIVE AVE 116 I (Name of the Limited Liability Comp. (A Florida Limited | LLC any as it now appears on our records.) Liability Company) | |
|--|---|--------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on <u>01/28/2015</u> | and assigned |
| Florida document number <u>L15000016676</u> . | | |
| This amendment is submitted to amend the following: | | Zoronia |
| A. If amending name, enter the new name of the limited liab | oility company here: | . ' |
| CARROLL DERMATOLOGY SURGER The new name must be distinguishable and contain the words "Limited Liab" | | the abbreviation"L.L.C." |
| Enter new principal offices address, if applicable: | 120 S OLIVE AVE STE 116 | |
| (Principal office address MUST BE A STREET ADDRESS) | WEST PALM BEACH, FL 33401 | 7 22 A and A |
| Enter new mailing address, if applicable: | 120 S OLIVE AVE STE 116 | |
| Mailing address MAY BE A POST OFFICE BOX) | WEST PALM BEACH, FL 3401 | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address her | , | e name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | , | |
| | Enter Florida street address | |
| | , Florid | |
| • | 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.

If Changing Registered Agent, Signature of New Registered Agent

| If amendin | g Authorized Person(s) authorized to m d from our records: | anage, enter the title, name, and | l address of each person being adde |
|--------------|---|-----------------------------------|-------------------------------------|
| MGR = 1 | | | |
| <u>Title</u> | Name | Address | Type of Action |
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| fec | tive date, if other than the date of filing:(optiona | .1) | |
| n e | ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date | ng.) Pursuant to 605.0 | .020 |
| | nent's effective date on the Department of State's records. | te will not be lister | u a |
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| re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m | n. on the earlie | ero |
| | e 90th day after the record is filed. | | |
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| | Signature of a member or authorized representative of emtember | <u>ω</u> co | F |
| iici | Signature of a member or authorized representative of a member MARIANNE CARROLL | <u> </u> | £ |

Page 3 of 3

Filing Fee: \$25.00