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SECRETARY OF STATE

MAR 21 2016 S. YOUNG

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
our in on	CARROLL	DERMATOLOGY SURGE	RY AND LASER INSTITUTE LLC		
SUBJECT:	<u></u>	Name of Li	mited Liability Company 4		
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return	all correspo	ndence concerning this matte	r to the following:		
		Marianne Carroll			· · ·
			Name of Person		
	** .				
			Firm/Company		
		120 S OLIVE AVE STE	116	A P. San	- 3 - F-C
	,		Address		
		WEST PALM BEACH, F	TL 33401	, * , , . ·	50 GZ
			City/State and Zip Code		
		CARROLL450@YAHOO			
			(to be used for future annual report notif	ication)	9, 5
For further in	formation co	ncerning this matter, please of			. ,
MARIANNE	CARROLL		248 891-3763		e de de la composition della c
	Name of	Person	Area Code Daytime	Telephone Number	- '''
		••		<u> </u>	÷
Enclosed is a	check for the	following amount:			
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
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	MAILY	ADDDECC.		ID ADDINGS	• ,
MAILING ADDRESS: Registration Section Division of Corporations		tion Section of Corporations	STREET/COURIE Registration Section Division of Corpora	`	
	P.O. Box		Clifton Building 2661 Executive Cen Tallahassee, FL 323		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARROLL DERMATOLOGY SURGERY AND LASER INSTITUTE 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 01/28/2015 and assigned Florida document number L15000016676 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 120 S OLIVE AVE 116 LLC 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

	wed from our records:					. •
MGR = AMBR =	Manager = Authorized Member					,
<u>Title</u>	Name	b., 1,	Address			Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.).		٠.
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E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t	to 605.0207	7 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as	the
ase (4位)	•	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e (b) The 90th day after the record is filed.	arlier of	f :
Dated 3-15-16		
M M		
Signature of a member of authorized representative of a member	- '	
MARIANNE Carroll, DA	•	
Typed or printed name of signee	1	

Page 3 of 3

Filing Fee: \$25.00