

L16000060830

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TALLAHASSEE FLORIDA

D BRUCE
AUG 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALIDERM LLC - Name, Member and Address Change

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:

Cigdem Gali

Name of Person

GaliDerm Aesthetics

Firm/Company

9481 Campi Dr.

Address

Lake Worth, FL 33467

City/State and Zip Code

Cigdem.GaliPA@gmail.com

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

For further information concerning this matter, please call:

Cigdem Gali

561

703-7735

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE FLORIDA

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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**

GALIDERM 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 03/25/2016 and assigned
Florida document number L16000060830

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GaliDerm Aesthetics 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:

3981 Jog Rd.

(Principal office address MUST BE A STREET ADDRESS)

Greenacres, FL 33467

Enter new mailing address, if applicable:

9481 Campi Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Lake Worth, FL 33467

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:

Cigdem Gali

New Registered Office Address:

9481 Campi Dr.

Enter Florida street address

Lake Worth

City

Florida 33467

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDA ADVENTURES, INC	3201 River Dr.	<input type="checkbox"/> Add
		Fort Pierce, FL 34981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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THE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____

Signature of a member or authorized representative of a member

Cigdem Gali

Typed or printed name of signee