

L16 000 118941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

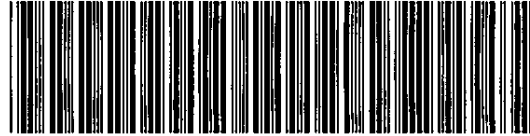
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000289349250

08/25/16--01022--016 **30.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 25 AM 11:46

AUG 26 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Dermatology of Glades Road, 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:

Stephanie Graham, Esq.

Name of Person

Integrated Dermatology Group

Firm/Company

902 Clint Moore Road, Suite 226

Address

Boca Raton, FL 33487

City/State and Zip Code

sgraham@mydermgroupp.com

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

For further information concerning this matter, please call:

Stephanie Graham

561 314-2000 x 1030
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 AUG 25 AM 11:46

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Integrated Dermatology of Glades Road, 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 June 21, 2016 and assigned
Florida document number L16000118941.

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 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)

1050 NW 15th Street, Unit 201A

Boca Raton, FL 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
FLORIDA
16 JUN 25 AM 11:46

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

, Florida

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 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	Adam S Plotkin	902 Clint Moore Road Suite 226	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Fromowitz	1050 NW 15th Street, Unit 201A	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
STATE
SECRETARY OF
FLORIDA
TALLAHASSEE, FLORIDA
JUN 25 4 11 PM '16

16 AUG 23

16 AUG 25 AM 11:46
FLORIDA STATE
SECRETARY OF
TALLAHASSEE

(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 to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 24, 2016

Signature of a member or authorized representative of a member

Gerard Christopher, Authorized Representative

Typed or printed name of signee