

L17000014887

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRILLIANT DERMATOLOGY AND AESTHETICS, PLLC.**

Certificate of Status	0
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2017 APR -6 PM 5:02

TALLAHASSEE, FLORIDA

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K. SALY
APR -7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRILLIANT DERMATOLOGY AND ABSTHETICS, PLLC
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:

MAX A ADAMS

Name of Person

THE LAW OFFICES OF MAX A. ADAMS, ESQ. PLLC

Firm/Company

2151 S LEJEUNE ROAD SUITE 306

Address

CORAL GABLES, FL, 33134

City/State and Zip Code

EVILYN@THEMEDILAWFIRM.COM

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

For further information concerning this matter, please call:

EVILYN CUTTERREZ

at (305) 444-3484
Area Code Daytime Telephone Number

Name of Person

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

BRILLIANT DERMATOLOGY AND AESTHETICS, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/19/2017 and assigned
Florida document number L17000014887

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)

5162 LINTON BLVD

SUITE 203

DELRAY BEACH, FL, 33484

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5162 LINTON BLVD

SUITE 203

DELRAY BEACH, FL, 33484

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

Title	Name	Address	Type of Action
MGR	ELISSA NORTON MD PA	5162 LINTON BLVD	<input type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		DELRAY BEACH, FL, 33484	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DELRAY IS ONE WORD, ITS NOT SUPPOSED TO BE SPACED.

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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 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.

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

Dated **APRIL 4**

2017

Signature of a member or authorized representative of a member

MAX A. ADAMS

ATTORNEY- IN- FACT

Typed or printed name of signee

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Filing Fee: \$25.00