# L17000060469

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### **COVER LETTER**

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SUBJECT:	Skin MD M	liami Group, PLLC				
obsect.		Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		David W. Southwell				
			Name of Person			
		Trust Advisors Corporation	n			
		<del> </del>	Firm/Company	<del> </del>		
		5781-B NW 151 Street				
			Address	<del></del>		
		Miami Lakes, FL 33014				
			City/State and Zip Code	<del></del>		
		david@trustadvisorscorp.co		-		
			to be used for future annual report noti	fication)		
For further i	nformation c	oncerning this matter, please ca	all:			
David W. S	outhwell		305 822-8161 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00 1	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

Skin MD Miami Group, PLLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability Company Florida document number L17000060469	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
SkinMD - Miami Group, PLLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	351 NW Le Jeune Road, Suite 502			
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126			
Enter new mailing address, if applicable:	351 NW Le Jeune Road, Suite 502			
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the		
	Enter Florida street address			
	, Florida	Zip Code		
New Degistered Agent's Signature if changing Degistered Agents	•	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** ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change -\_□ Ada \_ ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove ☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00