

617000143880

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2023 NOV 20 AM 9:26
SECRETARY OF STATE
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martin N. Zaiac MD 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:

Magaly Zaias-Fast
Name of Person

Derm Concierge Services, LLC
Firm/Company

11068 N.W. 36th Street
Address

Coral Springs, FL 33071
City/State and Zip Code

maggy.zaiasfast@dermcs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Magaly Zaias-Fast at (954) 801-1800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2023 NOV 20 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Martin N Zaiac MD 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 _____ and assigned Florida document number L17000143880

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

11068 N.W. 3rd St.

Coral Springs, FL 33071

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: _____

Magaly Zaias-Full

New Registered Office Address: _____

11068 N.W. 3rd St.

Enter Florida street address

Coral Spring

City

Florida

33071

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.

Magaly Zaias-Full

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>
<u>CEO</u>	<u>Jeffrey Schillinger</u>	<u>4000 Hollywood Blvd</u>	<input type="checkbox"/> Add
		<u>Suite 215 S</u>	<input checked="" type="checkbox"/> Remove
		<u>Hollywood, FL 33021</u>	<input type="checkbox"/> Change
<u>Manager</u>	<u>Megaly Zayas-Fast</u>	<u>11068 NW 35th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Springs, FL 33071</u>	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

11/2/23

+

Signature of a member or authorized representative of a member

Mark Zine

Typed or printed name of signee

Filing Fee: \$25.00