1180001611191

(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:
JJENNIS 11/25/24

Office Use Only



400435217034

2024 NOV 25 PH 2: 57

RECEIVED



TO: Registration Section **Division of Corporations** KIRSCH DERMATOLOGY LLC SUBJECT: 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: David Falk Name of Person Godfrey & Kahn, S.C. Firm/Company 833 E. Michigan St., Suite 1800 Address Milwaukee, WI 53202 City/State and Zip Code dfalk@gklaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Falk Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations**

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

Docusign Envelope ID: \$1066585-2843-422C-8106-6EC70984AB7D

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 51C66585-2843-422C-8106-6EC70984AB7D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KIRSCH DERMATOLOGY 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 July 3, 2018	and assigned
Florida document number 1.18000161491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BKMD1 Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	705 Mooring Line Drive, Naples, I	FL 34102
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	705 Mooring Line Drive, Naples, F	FL 34102
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a		
agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	nie of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	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.

Docusign Envelope ID: \$1C66585-2843-422C-8106-6EC709B4AB7D in amending Authorized rerson(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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			☐ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
_	
-	
Note: If	e date, if other than the date of filing:
he record s ord is filed	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 l.
Dated _	— DocuSigned by:
	Brandon M. kirsch 10903851370840E Signature of a member or authorized representative of a member
	Brandon M. Kirsch, M.D. Typed or printed name of signee

Filing Fee: \$25.00