## L19000065697

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## **COVER LETTER**

Div	ision of Cor	porations			Tile Tile Tile Tile Tile Tile Tile Tile
SUBJECT:	Caledonia I	Derm-Path, LLC			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are subt	nitted for filing.		, a
Please return	all correspo	ndence concerning this matter	to the following:		
		Marc Grad			
			Name of Person		
Dermcare Management, LLC					
Firm/Company					
3850 Hollywood Bivd. Suite 300					
			Address		
		Hollywood, FL 33021			
		City/State and Zip Code			
		mgrad@dermcaremgt.com	1	iffantion)	
			to be used for future annual report not	(meanon)	
For further i	nformation c	oncerning this matter, please co	ıll:		
Marc Grad			954 237-7090 at ( )		
	Name o	f Person		ne Telephone Number	<del></del>
Enclosed is	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

TO		
ARTICLES OF O	•	
Ol	F	The state of the s
		6 6
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	and accidined
The Articles of Organization for this Limited Liability Company vibration for this Limited Liability Company vibration of Organization for this Limited Liability Company vibration for this Liability Company vibration for this Liability Company vibration for this Liability Company vibration for the Liability Company vibration	were filed on 3/1/2019	and assigned 'C
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
		•
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_ <del></del> _
Enter new mailing address, if applicable:	3850 Hollywood Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 300	
TOTAL TOTAL AND A STATE OF A STAT	Hollywood, FL 33021	-
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
<del></del>	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Ζιρ Сοασ
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

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>	Name	Address	Type of Action
MGRM	David Schillinger	3850 Hollywood Blvd, Suite 300 Hollywood, FL 33021	□ Add
		<del></del>	Remove
			☐ Change
CEO	Jeffrey Schillinger	3850 Hollywood Blvd, Suite 300 Hollywood, FL 33021	
		<u>-</u>	■ Remove
			Change
CFO	Christopher Maffei	3850 Hollywood Blvd, Suite 300 Hollywood, FL 33021	Add
			■ Remove
			Change
SVP	Marc Grad	3850 Hollywood Blvd, Suite 300 Hollywood, FL 33021	
			■ Remove
			Change
			O Add
			□ Remove
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ffective data if other than the da	to of filing:		(onti	ional)
Iffective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the	applicable statutory	or more than 90 days after filing requirements, the	r filing.) Pursuant to 605,0207 (3) is date will not be listed as the
e record specifies a delayed e The 90th day after the record	ffective date, but I is filed.	ut not an effecti	ve time, at 12:01	a.m. on the earlier of:
Oated 4/17/2019		/		
200	·			

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Typed or printed name of signee

Filing Fee: \$25.00