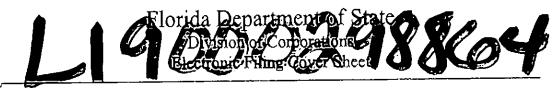
6/4/2020

Division of Corporations

02: ZVII



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REZLEGAL, LLC Account Number : I20140000033

Phone

: (904)685-9321

Fax Number : (904)567-1066

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOLD CITY DERMATOLOGY, LLC

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TO: Registratio Division of	n Section Corporations		
Bold C	ity Dermatology, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return ail corr	espondence concerning this matter	to the following:	
	Kendal A. Schoepfer, Esq.		
		Name of Person	<del></del>
	Reziegal, LLC		
	<del></del>	Firm/Company	
	816 A1A North, Suite 204		
		Address	
	Ponte Vedra Beach, FL 32	082	
	<u></u>	City/State and Zip Code	<del> </del>
	RezLegal@rezlegal.com	to be used for future annual report noting	(ication)
For further informat	ion concerning this matter, please o		
Rick Reznicsek, Esc		904 567-1061 at ()	e Telephone Number
Na	ame of Person	Ares Code Daytim	e receptione Minimer
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee le Street, Suite 810

CONTRACTOR CARROLL

## DocuSign Envelope ID: 9BD07EC0-7617-46BF-8C21-2926F5A358F0 ARTICLES OF AMENDMENT

H20000168275 3

NV. ZULL TO T

TO ARTICLES OF ORGANIZATION PH 12: 05 OF

(Name of the Limited Liability Con	npany as it now appears on our rect Liability Company)	cords.)
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/13/2019	and assigned
Florida document number L19000298864		
,		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	l	
	118 Gateway Blvd, Suite	Δ
Enter new mailing address, if applicable:	Mooresville, North Carol	
A THE STATE OF THE PASSA	Mooresville, North Caro	ma 20117
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OF FICE BOX)		
	ce address on our records.	enter the name of the new regis
B. If amending the registered agent and/or registered offi	ce address on our records, g	enter the name of the new regis
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	се address on our records, g	enter the name of the new regis
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	lce address on our records, g	enter the name of the new regis
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, g	enter the name of the new regis
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, s	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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

CON. SIZVZV (FZV)M

no. ZULL C. J

DocuSign Envel	ope (0: 98007EC0-76 ng Authorized F	617-46BF-8C21-2928F5A358F0 erson(s) authorized to manage, <u>enter the title, name, an</u> c	<u>ıd ad</u>	dress of eacl	h person being adde	<u>d</u>
	d from our reco					
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if amending any other information, enter change(s)	here: (Attach additional sheets, if hedels by)
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Dated	· 
Or. Bisher Al Dahadle  2504AB2CB0546B. Signature of a member of	or authorized representative of a member
Bishr Al Dabagh Typed	or printed name of signee

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