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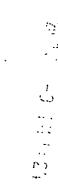
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	DERM LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT SCHICK		
		Name of Person	-
	FUR KIDS DERM, LLC		
	<u>-</u>	Firm/Company	
	320 EAST CERVANTES	STREET, STE B	
		Address	. 25
	PENSACOLA, FL 32501		.*
		City/State and Zip Code	
	pilotrobschick@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	,
ROBERT SCHICK		404 822-6509 at ()	_
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
以\$25.00 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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration See Division of Cor The Centre of T	porations
i dilalidace, l		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUR KIDS DERM, LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/03/2020}{L20000368321}$	and assigned
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:	1_
(Mailing address MAY BE A POST OFFICE BOX)	,
	<u>'-</u>
B. If amending the registered agent and/or registered office address on our records, §	inter the name of the now registered
agent and/or the new registered office address here:	ance the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida sweet a	nddress
	. Florida

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.

Cny

Zip Code

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>	Address	Type of Action
AMBR	BARBARA SCHICK	320 EAST CERVANTES ST, STE B	⊒ Add
		PENSACOLA, FL 32501	
			☐ Change
			□Add
			□Remove
			□Change
			□Add ~?;
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ffective date, if other to an effective date is listed, the fote: If the date inserted ocument's effective date	e date must be specific in this block does n	e and cannot be prion of meet the applic	r to date of filing or r cable statutory fili	(optionore than 90 days after ng requirements, this	illing.) Pursuant to 605,020
record specifies a delayed is filed.	d effective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
		2023			
ated		ILA C	orized representativ		