

L21 000189727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

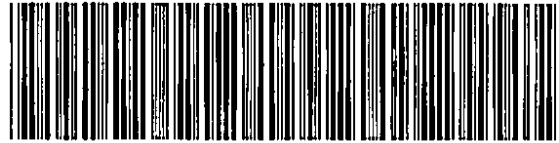
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10/05/21--01004--020 **43.75

RECEIVED

OCT 04 2021

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -7 PM 3:00

FILED

LLC
Art. of Amend.

DEC 08 2021

D CONNELL



2021 DEC -7 PM 12:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2021

EDWARD KOZIKOWSKI
2040 E SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064

SUBJECT: DERMATOLOGY OF POMPANO LLC
Ref. Number: L21000189727

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC.. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SASHA B PENNYWELL
Regulatory Specialist II

Letter Number: 621A00024761

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DERMATOLOGY OF POMPAHO 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:

EDWARD KOZIKOWSKI
Name of Person

DERMATOLOGY OF POMPAHO LLC
Firm/Company

2040 E SAMPLE ROAD
Address

LIGHTHOUSE POINT, FL 33064
City/State and Zip Code

DERMATOLOGY OF POMPAHO LLC @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD KOZIKOWSKI at (954) 941-5401
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: ALREADY SENT (REDO CORRECT FORM)

- | | | | |
|---|--|--|--|
| <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
2021 DEC -7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DERMATOLOGY OF POMPADRO 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 04-23-21 and assigned
Florida document number L21000189727.

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)

2040 E SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2040 E SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064

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:

New Registered Office Address:

2040 E SAMPLE ROAD

Enter Florida street address

LIGHTHOUSE POINT

City

Florida

33064

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.

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>
P	EDWARD KOZIKOWSKI	2040 E SAMPLE ROAD	<input type="checkbox"/> Add
AMBR		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	ALICIA KOZIKOWSKI	2040 E SAMPLE ROAD	<input type="checkbox"/> Add
AMBR		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input checked="" 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"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

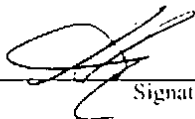
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 12-04, 2021.



Signature of a member or authorized representative of a member

EDWARD KOZIKOWSKI

Typed or printed name of signee

Filing Fee: \$25.00