Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BACHMAN LEGAL, LLC.

Account Number : I20180000022 Phone : (813)200-6114 Fax Number : (813)402-0556

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

Email Address: gordonwyman@bladdermd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLISON WYMAN, MD, LLC

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COVER LETTER

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TO: Registration Se Division of Cor				
	man, MD, 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:		
	Radha Bachman, Esq.			
		Name of Person		
	FisherBroyles, LLP			
		Firm/Company		
	4830 W. Kennedy Blvd.,	Ste. 600		
		Address		
	Tampa, FL 33609			
		City/State and Zip Code		
	gordonwyman@blac E-mail address:	dermd.com to be used for future annual report not	ification)	
For further information of	concerning this matter, please o		,	
Radha V. Bachman		813 200-6134		
Name (of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$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 tadditional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allison Wyman, MD, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000377768		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the nan	ne of the new registered
agent and/or the new registered office adoress here:		122
		(福) 呂 (2)
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
,	City	Zip Codew

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 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
MGR	Gordon Wyman	824 Manatee Ave #22	
		Bradenton, FL 34206	
			☐Change
			□Add
		·	□Remove
			Change
			DAdd
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			OAdd
			□Remove
			□ Change
			DAdd
			Remove
			□ Change
		***************************************	□Add
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
(If an e Note	ctive date, if other than the date of filing: (optional) 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord 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 filed.
Date	November 11
	Signature of a member or authorized representative of a member
	Allison Wyman, M.D.
	Typed or printed name of signee