7/26/22, 10:08 AM

Division of Corporations

Florida Department of State Division of Germonations Division of Germonations Electrophy Filling If byer Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L&A INODERM LLC

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TO:

Registration Section

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	L&A INOE	DERM LLC		
5000000		Name of Limit	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
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		knslafrance@yahoo.com	o be used for future annual report notil	(cuton)
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Cheyerine N			800 773-0888 at () Area Code Daytime	
	Name o	l'Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25,00 l	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 ADDRESS:

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

From: Richard Y

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

L&A INODERM LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000073709</u>	were filed on 02/14/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "EEC" or the	ne 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:		2022
New Registered Office Address:	Enter Floridastreet address	26 P
	, Florida	Zip Code_
New Registered Agent's Signature, if changing Registered Agent:		-
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ec to act in this capacity. I further performance of my duties, and I c	agree to comply with the im 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

LegalZoom com, Inc.

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	Clauthia Cytlatli Tavera Hinojosa Serrano	120-33 SMITH STREET JAMAICA, NY 11434	
			□ Remove
			Change
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). If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date it	other than the date of filing:
	les a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	My 20 2022.
	Signature of a member or authorized representative of a member
Kens L	afrance
•	Typed or printed name of signee

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Filing Fee: \$25.00