

L23000024506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

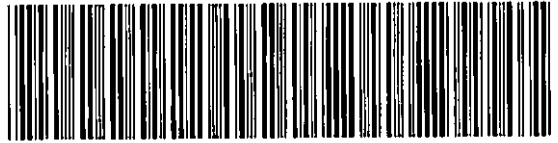
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500403904735

2023 MAR 10 AM 8:45

FILED

2023 MAR 10 PM 4:01

RECEIVED

ALLAHABAD, INDIA

A. DUTLER

MAR 13 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: AMOUNT: 25.00

Authorization Signature: \_\_\_\_\_

\_\_\_\_ Laser & Skin Center of Palm Beach, LLC L23000024506  
**BUSINESS NAME Document #**

\_\_\_\_ Certified Copy of Articles

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit Corp  
\_\_\_\_ Not for Profit  
\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ Other  
\_\_\_\_ **CORP**  
\_\_\_\_ **LLLP**

**AMMENDMENTS**

X Amendment  
\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution  
\_\_\_\_ Merger  
\_\_\_\_ **Conversion**  
\_\_\_\_ **Amended and restated Articles**  
\_\_\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ APOSTILLE \_\_\_\_\_  
                    Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing  
\_\_\_\_ Limited Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Laser & Skin Center of Palm Beach, 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:

Tatyana Nektalova MD

Name of Person

Firm/Company

3545 South Ocean Boulevard #207

Address

Palm Beach, FL 33480

City/State and Zip Code  
dermatologypb@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tatyana Nektalova MD

Name of Person

at ( 561 ) 206-4452

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
(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  
2023 MAR 10 AM 8:45

Laser & Skin Center of Palm Beach, 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 January 11, 2023 and assigned  
Florida document number 123000024506

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dermatology & Aesthetics of Palm Beach, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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:

Enter Florida street address

City, Florida 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

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

[illegible]

[illegible]

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 March 10, 2023

  
Signature of a member or authorized representative of a member  
Tatyana Nektalova MD  
Typed or printed name of signee

**Filing Fee: \$25.00**