623000265404

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
-				

Office Use Only



500434325875

08/12/24--01927--004 **25.00

08/17/24

COVER LETTER

TO: Registration S Division of Co					
ISLAND DERMATOLOGY AND WELLNESS LLC					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	nondence concerning this matter	to the following:			
CHRISTOPHER DAVIS, CPA					
Name of Person					
BREVARD ACCOUNTING GROUP CPAS. PA					
Finu/Company					
150 FORTENBERRY RD VILLA A				,	
		Address	· · · · · · · · · · · · · · · · · · ·		
MERRITT ISLAND, FL 32952					
City/State and Zip Code					
CJD@BAGCPA.COM					
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	; ·. c		
CHRISTOPHER DAVIS, CPA 321 452-5061 at ()					
Name	of Person .	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl		
Mailing Address:		Street Address:	etion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLAND DERMATOLOGY AND WELLNESS 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 05/31/2023 and assigned Florida document number 1.23000265404

This amendment is submitted to amend the following:

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

ISLAND DERMATOLOGY AND PRIMARY CARE 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)

R. 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 Agent:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
		-	□Add
			□Remove
			Change
			· □Add
			□Remove
			□Change
			☐Remove
			CS ☐ Change
		,	□Add
			Remove
			Change
			DAdd
			□Remove
			□ Change
			□Add
		····	□Remove
			ClChange.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 __ 2024 Signature of a member or authorized representative of a member NICHOLE VENZARA DEEKS Typed or printed name of signee

Filing Fee: \$25.00