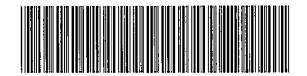
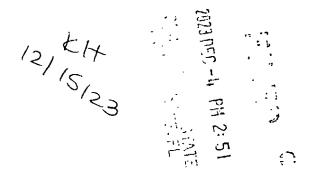


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





12/04/23--01037--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mobile Dermatology Health 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:
Jessica H Anastasio Name of Person
Mobile Dermatology Health LLC
9067 Lower Carrel Cir.
Orlando Fl 32827 City/State and Zip Code JAnas Fas 10. PA@ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Anastasio at (551) 574-3296 Name of Person Area Code Daytime Telephone Number 35
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee >\Bigcup \$\Bigcup

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

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 230052032</u> 0		033 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	the 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)	11954 Narcoos Orlando FL	see Rd, 202 32832
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		P
New Registered Office Address:	Enter Florida street address	12:51 ESPATE
	, Florid	
	City	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 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
MGR	Jessica Anastasio	9067 Lower Carrel Cir Orlando FL 32827	[WAdd
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