

M18 0000004923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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22 AUG 26 PM 3:50
DIVISION OF CORPORATION
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Water's Edge Management Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelli Newman

Name of Person

AQUA Dermatology Management, LLC

Firm/Company

900 Village Square Crossing, Suite 290

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

knewman@aquadermatology.com

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

For further information concerning this matter, please call:

Kelli Newman

Name of Person

at (424) 325-9080

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

22 AUG 26 PM 3:50
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Water's Edge Management Services, LLC

Enter new principal office address, if applicable: NA

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000004923

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 18, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AQUA Dermatology Management, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: NA

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida
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 Changing Registered Agent, Signature of New Registered Agent

DIVISION OF CORPORATIONS
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

NA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Kelli Newman

Signature of the authorized representative

Kelli Newman

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AQUA DERMATOLOGY MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AQUA DERMATOLOGY MANAGEMENT, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2018.

22 AUG 26 PM 3:50
DIVISION OF CORPORATION



6850910 8300

SR# 20223338089

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204228115

Date: 08-23-22

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WATER'S EDGE MANAGEMENT SERVICES, LLC", CHANGING ITS NAME FROM "WATER'S EDGE MANAGEMENT SERVICES, LLC" TO "AQUA DERMATOLOGY MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022, AT 5:19 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6850910 8100
SR# 20220705561

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202767040
Date: 02-25-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:19 PM 02/24/2022
FILED 05:19 PM 02/24/2022
SR 20220705561 - File Number 6850910

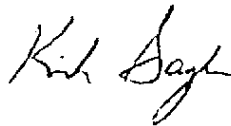
STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
WATER'S EDGE MANAGEMENT SERVICES, LLC

The undersigned, being an authorized person under Section 18-201 of the Limited Liability Company Act of the State of Delaware, hereby certifies that the Certificate of Formation of Water's Edge Management Services, LLC is hereby amended as follows:

ARTICLE 1 is hereby deleted in its entirety and replaced with the following:

"1: Name of Limited Liability Company. The name of the limited liability company (the "Company") is Aqua Dermatology Management, LLC".

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation as of this 23rd day of February, 2022.



Printed Name: Kirk Sayler
Authorized Person