

P210000093540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

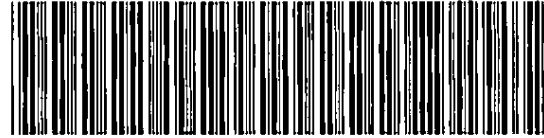
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07/19/22--01001--012 **43.75

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2022 JUL 18 PM 2:50

ALLAHASSEE, FL

FILED

2022 JUL 18 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NEWSHA SKIN + DERMATOLOGY, INC.

Signature _____

Requested by: SETH

07/18/22

Name _____

Date _____

Time _____

Valk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEWSHA SKIN + DERMATOLOGY, INC.

Name of Corporation

DOCUMENT NUMBER: P21000093540

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA BARNETT HIBNICK, ESQ.

Name of Contact Person

LUBELL ROSEN LLC

Firm/Company

1 ALHAMBRA PLAZA, SUITE 1410

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

CBH@LUBELL.ROSEN.COM

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

For further information concerning this matter, please call:

CYNTHIA BARNETT HIBNICK, ESQ.

at (305) 671-7771

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FILED

11 JUL 18 PM 5:16

NEWSHA SKIN + DERMATOLOGY, INC.

Name of Corporation as currently filed with the Florida Dept. of State

**SECRETARY OF STATE
TALLAHASSEE, FL**

P21000093540

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF AMENDMENT

(Document Type Being Corrected)

filed with the Department of State on 7/12/2022

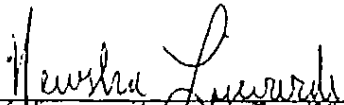
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION WAS CHANGED TO AN INCORRECT NAME.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NEW NAME IS: NEWSHA DERMATOLOGY + COSMETICS, INC.



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

NEWSHA LAJEVARDI, MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00