

**L16000012354**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2020 AUG 13 PM 2:09

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLUE WAVE DENTAL GROUP, PLLC**

Certificate of Status	0
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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUE WAVE DENTAL GROUP, PLLC**  
Name of Limited Liability Company

The enclosed Articles of Amcndment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D'Anne Bruen  
Name of Person

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Blue Wave Dental Group  
Firm/Company

---

1773 West Fletcher Avenue  
Address

---

Tampa, FL 33612  
City/State and Zip Code

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d.bruen@blucwavedentalgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D'Anne Bruen at ( 813 ) 968-2483  
Name of Person 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

BLUE WAVE DENTAL GROUP, PLLC

(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 01/21/2016 and assigned Florida document number L16000012354.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

	2020	13
	P.	S.
	D.	S.
	S.	S.

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*

\_\_\_\_\_, 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**

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANK, SIERRA J		<input checked="" type="checkbox"/> Add
		1773 West Fletcher Avenue	<input type="checkbox"/> Remove
		Tampa, FL 33612	<input type="checkbox"/> Change
MGR	MCDOWELL, ERNEST H., DMD	1773 West Fletcher Avenue	<input type="checkbox"/> Add
		Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

NONE

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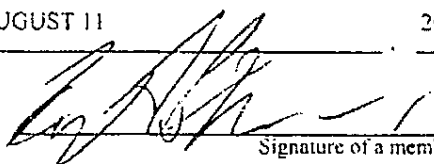
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 AUGUST 11 \_\_\_\_\_, 2020



\_\_\_\_\_  
Signature of a member or authorized representative of a member

DR. RANDY FELDMAN

\_\_\_\_\_  
Typed or printed name of signee