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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASK DENTAL CREDIT SERVICES, LLC  
Name of Limited Liability Company

The enclosed *Statement of Correction* and fee(s) are submitted for filing. (*Per F.S. 605.0209*)

Please return all correspondence concerning this matter to the following:

DR JAMES T KATSUR  
Name of Person  
GREENBERG DENTAL ASSOCIATES, LLC  
Firm/Company  
926 GREAT POND DR, SUITE 2003  
Address  
ALTAMONTE SPRINGS, FL 32714  
City/State and Zip Code  
DRKATSUR@KATSUR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG MACARTHUR at 407 543-8497  
Name of Person Area Code Daytime Telephone Number

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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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CORRECTION (605.0209 F.S.)**  
OF

**ASK DENTAL CREDIT SERVICES, LLC**

The Articles of Organization for this Limited Liability Company were filed on **11/08/2016** and assigned Florida document number **81-4447108**.

This **STATEMENT OF CORRECTION** per Florida Statute 605.0209, effective as of 11/08/2016, is submitted to CORRECT the following:

Article IV of the ORIGINAL ARTICLES OF ORGANIZATION included the inaccurate Authorized Members.

Please correct **ARTICLE IV** to reflect the following:

**ARTICLE IV –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

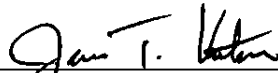
"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

GREENBERG DENTAL ASSOCIATES, LLC  
926 GREAT POND DR, SUITE 2003  
ALTAMONTE SPRINGS, FL 32714

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with Section 605.0209 (3), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
Constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
James T Katsur

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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