## 11500017-5409

(Re	questor's Name)	
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Friday, January 12, 2024

## VIA REGULAR MAIL

Registration Section Division of Corporations Post Office 6327 Tallahassee, Florida 32314

RE: Amelia Dental Group, PLLC

Dear Clerk:

Please see the enclosed Articles of Amendment to Articles of Organization and a check in the amount of \$\$25.00.

Please contact me at my office should you have any questions.

Sincerely,

Kerry Ann Schultz

KAS/amf

## **COVER LETTER**

TO: 1	Registration Sec Division of Corp	tion orations		
eun ir c	Amelia Dent	al Group, PLLC		
SUBJEC	1:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		Kerry Anne Schultz		
			Name of Person	<del></del>
		Schultz Law Group, P.L.L	.C.	
			Firm/Company	<del></del>
		2777 Gulf Breeze Parkway	•	
			Address	<del></del>
		Gulf Breeze, Florida 3256	3	
		kaschultz@schultzlawgrp.c	City/State and Zip Code	_
			to be used for future annual report notification)	
For further	er information co	ncerning this matter, please c	all:	
Kerry Ar	me Schultz, Esq.		850 754-1600 at ( )	2011 JAN 23
	Name of	Person	Area Code Daytime Telephone Nu	
Enclosed	is a check for the	e following amount:		TATE 32
≘ \$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy Certified Copy (additional copy is enclosed)	10 Filing Fee, ificate of Status & ified Copy itional 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

Amelia Dental Group, PLLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on October 15, 2015	and assigned
Florida document number L15000175409		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	-	型 型
B. If amending the registered agent and/or registere	ed office address on our records, enter the r	name of the flew registered
agent and/or the new registered office address here:		000
		mo w
Name of New Registered Agent:		بن المالية
New Registered Office Address:		LE 5
	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>	Address	Type of Action
MGR	Laurie A. Kitson, DMD	1947 Citrona Drive	□Add
		Fernandina Beach, Florida 32034	■Remove
		1947 Citrona Drive	[] Change
MGR	Justin E. Blazejewski, DMD	Fernandina Beach, Florida 32034	Add
			□Remove
		474	□Change
			□Add
			Zigemove  Linkange
			SSEE STATEDREMOVE
			□Add
		-	□Remove
			□Change
			□Remove
			∏Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>	
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		وسیم
	23	j
		3
	SEC PA	7
Effect	tive date, if other than the date of filing: (optional)	
f an ef	fective 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 🏟 302	07
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	as
uocui	sent's effective date on the Department of State's records.	
	rd 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	ne
rd is f	lled.	
	ر معرف المعرف	
Dated	January 10, 2024.	
	(1 /hitem DMI)	
	Finish 10, 2024.  Signature of a member or authorized representative of a member	
	LAURIE A. K.ITSON DHI)	

Filing Fee: \$25.00