

L02000010515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

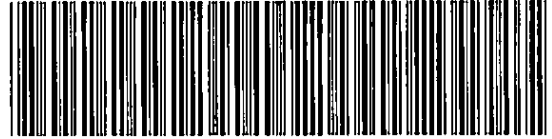
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/02/23--01021--021 \*\*60.00

RECEIVED  
2023-02-02 PM 4:31  
CLERK OF THE STATE  
OF FLORIDA  
TALLAHASSEE, FL

~~RECEIVED~~

R. HUNT

63/02/23

February 27<sup>th</sup>, 2023

Re: SCOTT F. JOHNSON D.M.D., M.S., L.L.C.

I am changing the name of the business. Please see the attached form

If you have any questions I can be reached at 239-254-0308 or by email, [gumgator@gmail.com](mailto:gumgator@gmail.com)

Thank you

Dr Scott F Johnson

A handwritten signature in black ink, appearing to be 'S. F. Johnson', written in a cursive style.

RECEIVED  
FEBRUARY 27 PM 4:31  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Scott F Johnson DMD, MS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Scott F Johnson

\_\_\_\_\_  
Name of Person

Scott F Johnson DMD, MS, LLC

\_\_\_\_\_  
Firm/Company

9170 Galleria Court, Suite 100

\_\_\_\_\_  
Address

Naples, FL 34109

\_\_\_\_\_  
City/State and Zip Code

gumgator@gmail.com

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

RECEIVED  
2008-03-22 PM 4:31  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Scott F Johnson

239

254-0308

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SCOTT F. JOHNSON D.M.D., M.S., L.L.C.

(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 05/02/2002 and assigned  
Florida document number L02000010515.

This amendment is submitted to amend the following:

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

Paradise Coast Periodontics, LLC

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:

Same as above

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same as above

(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:

same

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

Changing names from SCOTT F. JOHNSON D.M.D., M.S., L.L.C. to Paradise Coast Periodontics, LLC

62-11872-2 P. 4:31  
KAY  
STEELE

**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 February 27th 2023

February 27th, 2023

  
Signature of a member or authorized representative of a member

Scott F Johnson

Scott F Johnson

Typed or printed name of signee