

L030000006794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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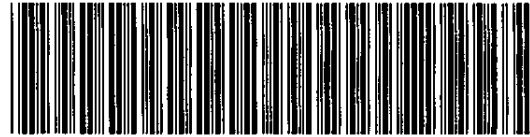
(Business Entity Name)

(Document Number)

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FILED
2012 OCT -8 PM 1:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN

OCT -9 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hialeah Dental Specialty Associates, P.C.
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:

Nancy Firpo-Vega
Name of Person

Hialeah Dental Specialty Associates, P.C.
Firm/Company

900 W. 49 Street, #400
Address

Hialeah, FL 33012
City/State and Zip Code

Nancy.e.firpo@online.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Firpo-Vega at (305) 558-1211
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2012 OCT - 8 PM 1:26
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hialeah Dental Specialty Associates, P.L.
(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 9/2/2003 and assigned
Florida document number LC 3000006794

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 end with 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)

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:

Robert B. Cushing, DDS

New Registered Office Address:

900 W. 49 Street #400

Enter Florida street address

Hialeah

Florida

33012

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
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MGRM	DR. Juan ERRO	11201 SW 60 Caet Miami FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	DR John Sootm	3801 NE 207 Street # 2304 Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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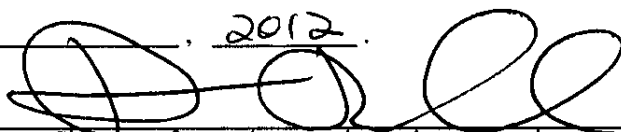
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10/3

2012



Signature of a member or authorized representative of a member

Robert B. Cusking, DDS

Typed or printed name of signee

FILED
2012 OCT -8 PM 1:26
TALLAHASSEE, FL
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
JANUARY 1, 2012