## L04000093959

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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05 MAY 23 PH 3: ILI SECREDARY OF STATE FALLAHASSEE, FLORIBA

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EFFECTIVE PATE

## TRANSMITTAL LETTER

| TO:      | Registration S<br>Division of Co |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                          |
|----------|----------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJE    | CT: CLAUDI                       | A P VERGARA D.D.S. PLLC                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
|          |                                  | (Name of Lin                                                       | mited Liability Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>                                                                                |
|          |                                  | of Amendment and fee(s) are sub<br>pondence concerning this matter | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |
|          |                                  | HECTOR F. VERGARA                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
|          |                                  | (t                                                                 | Name of Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W05-23/2                                                                                   |
|          |                                  | (1                                                                 | Firm/Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |
|          | 12025 RG                         | DYCE WATERFORD CIRCLE                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b> 0                                                                                 |
| **       |                                  |                                                                    | (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S HAY                                                                                      |
|          | · та                             | MPA, FL 33626                                                      | e e e juga de la questa de responsa de defenda de la composição de la comp | 2 7                                                                                        |
|          |                                  | (City/                                                             | State and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | mo P TT                                                                                    |
| For fur  | ther information                 | concerning this matter, please of                                  | call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PH 3: 42 FE. FLORI                                                                         |
|          | HECTOR F.                        |                                                                    | at ( 813 ) 926-30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |
|          |                                  | (Name of Person)                                                   | (Area Code & Daytim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e Telephone Number)                                                                        |
| Enclose  | d is a check for th              | e following amount:                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
| ☐ \$25.0 | 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) |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2005

HECTOR F. VERGARA 12025 ROYCE WATERFORD CIRCLE TAMPA, FL 33626

SUBJECT: CLAUDIA P VERGARA D.D.S. PLLC

Ref. Number: W05000023123



We have received your document for CLAUDIA P VERGARA D.D.S. PLLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Although an amendment can have an "effective date" which is after the filing date of the amendment, it cannot have one that is prior to the date of filing. Because your amendment was received by us on May 2nd, it cannot have a May 1 effective date.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 205A00032737

## - ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cl                  | LAUDIA P VERGARA D.D.S. PLLC                                                                           |                    |  |  |  |  |
|---------------------|--------------------------------------------------------------------------------------------------------|--------------------|--|--|--|--|
|                     | (Present Name)<br>(A Florida Limited Liability Company)                                                |                    |  |  |  |  |
|                     |                                                                                                        |                    |  |  |  |  |
|                     |                                                                                                        |                    |  |  |  |  |
|                     |                                                                                                        |                    |  |  |  |  |
| FIRST:              | The Articles of Organization were filed on December 28, 2004 and assigned document number L04000093959 |                    |  |  |  |  |
| SECOND:             | The following amendment(s) to the Articles of Organization was/were adopted liability company:         | =                  |  |  |  |  |
|                     | New Limited Company Name:<br>WESTWOOD FAMILY DENTAL CENTER, PLLC                                       | SENT Y             |  |  |  |  |
|                     | Effective Date:<br>June 1, 2005                                                                        | ASSEE D            |  |  |  |  |
|                     |                                                                                                        | 05 MAY 23 PH 3: 42 |  |  |  |  |
|                     |                                                                                                        | P                  |  |  |  |  |
|                     |                                                                                                        |                    |  |  |  |  |
|                     |                                                                                                        |                    |  |  |  |  |
| Dated May 21 , 2005 |                                                                                                        |                    |  |  |  |  |
|                     | Signature of a member of authorized representative of a member                                         |                    |  |  |  |  |
|                     |                                                                                                        |                    |  |  |  |  |
|                     | Dr. Claudia P Vergara                                                                                  | <u> </u>           |  |  |  |  |

Filing Fee: \$25.00