

LOS 0000 49388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

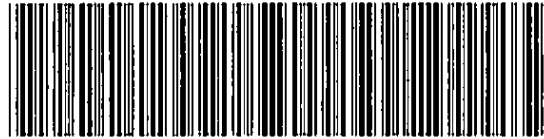
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



800417975828

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RECEIVED  
2023 NOV -3 AM 11:44

STATE OF FLORIDA  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

R. HUNT  
11/03/23

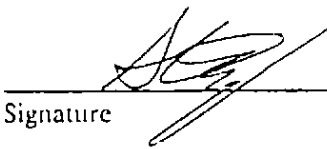
**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Timothy J. Pruett, DMD, PL

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

2023 HDV - 3 PH12:40

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TIMOTHY J. PRUETT, DMD, PL  
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:

SI Valbh, Esq.  
Name of Person  
Bogin, Munns & Munns, PA  
Firm/Company  
1000 Legion Place, 10th FL  
Address  
Orlando, FL 32801  
City/State and Zip Code  
drpruett@lakeviewdentistry.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

For further information concerning this matter, please call:

SI Valbh at 407 578-1334  
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 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**

TIMOTHY J. PRUETT, DMD, PL

(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 05/18/2005 and assigned Florida document number L05000049388.

This amendment is submitted to amend the following:

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

Lakeview Comprehensive Dentistry, PL

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:**

(Principal office address MUST BE A STREET ADDRESS)

15820 Dora Avenue, Suite A

Tavares, FL 32778

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

15820 Dora Avenue, Suite A

Tavares, FL 32778

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**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:

Timothy J. Pruett

New Registered Office Address:

15820 Dora Avenue, Suite A

*Enter Florida street address*

Tavares

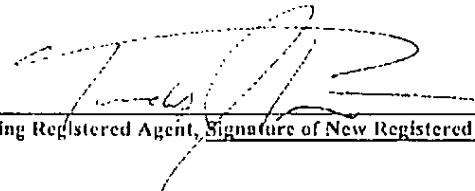
*City*

Florida 32778

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Timothy J. Pruett	15820 Dora Avenue, Suite A	<input type="checkbox"/> Add
		Tavares, FL 32778	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Heather Pruett	15820 Dora Avenue, Suite A	<input type="checkbox"/> Add
		Tavares, FL 32778	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DEPARTMENT OF CONSUMER SERVICES  
 STATE OF FLORIDA

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

Article VI - Admission of New Membres is hereby amended and restated in its entirety as follows:

Except as set forth in the Operating Agreement, additional members may be admitted to the company if approved by a majority of the members of the company.

Article IX - Management is hereby amended and restated in its entirety as follows:

The company will be manager managed and the name and address of the initial managers authorized to manage the company are as follows:

Timothy J. Pruett, whose address is 15820 Dora Avenue, Suite A, Tavares, FL 32778

Heather Pruett, whose address is 15820 Dora Avenue, Suite A, Tavares, FL 32778

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILINGS

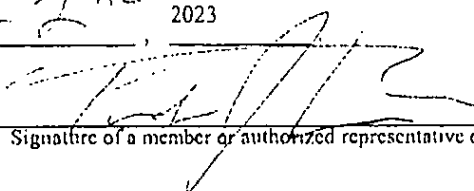
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 November 2<sup>nd</sup>, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Timothy J. Pruett

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00