L06000076917

| (Re | questor's Name) | <u> </u> |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL ,. |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800267061948

12/04/14--01006--016 **55.00

JAN - 7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

Yanitza McConnell DMD PLLC

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:

Yanitza Dixon

Name of Person

Yanitza McConnell DMD PLLC

Firm/Company

212 SE 12th Street

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

y_kuljis@yahoo.com

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

For further information concerning this matter, please call:

Yanitza Dixon

,,954、525-6010

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



212 SE 12th Street - Fort Lauderdale, FL 33316 www.YaniDMD.com 954-525-6010

Please amend name of corporation according to forms. I recently got married (copy of marriage certificate attached).

Contact name: Yanitza Dixon Office number: 954-525-6010

Cell: 786-859-1417

Mailing address: 212 SE 12th Street, Fort Lauderdale, FL 33316

Yanitza Dixon Thank you



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2014

YANITZA DIXON YANITZA MCCONNELL,DMD, PLLC 212 SE 12TH STREET FORT LAUDERDALE, FL

SUBJECT: YANITZA MCCONNELL, DMD, PLLC

Ref. Number: L06000076917

We have received your document for YANITZA MCCONNELL, DMD, PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 414A00026424

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

| AKI | | AMENDMENI | A. |
|--|----------------------|---|-----------------------------|
| · | T ICLES OF C O | ORGANIZATION F | 14 DEC TILED |
| Yanitza McConnell, DMD, F | PLLC | ny as it now appears on our records.) | THOECS, PH 2:45 |
| The Articles of Organization for this Limited Li Florida document number <u>L06000076917</u> | | ny as it now appears on our records.) Liability Company) were filed on 08/04/2006 | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of Dr. Yani PLLC The new name must be distinguishable and end with the very name must be distinguishable. | | | r the abbreviation "L.L.C." |
| Enter new principal offices address, if application | | 212 SE 12th Street | The above viainon (2.17.5.) |
| (Principal office address MUST BE A STREE | | Fort Lauderdale, FL 33316 | 3 |
| Enter new mailing address, if applicable: | | 212 SE 12th Street | |
| (Mailing address MAY BE A POST OFFICE I | BOX) | Fort Lauderdale, FL 33316 | 3 |
| B. If amending the registered agent and/or the new registered off | | | iter the name of the new |
| Name of New Registered Agent: | Yanitza Dix | on | |
| New Registered Office Address: | 212 SE 12tl | Street | |
| - · · · · · · · · · · · · · · · · · · · | | Enter Florida street address | |
| | Fort Lauder | dale, Florida | a 33316 |

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. 12 22 2014

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|---------------------------------------|----------------|
| MGR | Yanitza Dixon | 212 Se 12th Street | ≣ Add |
| | | Fort Lauderdale | □ Remove |
| | | FL 33316 | |
| AMBR | Jeff Dixon | 212 SE 12th Street | |
| | | Fort Lauderdale | □ Remove |
| | | FL 33316 | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | Remove |
| | | | |
| | | | Remove |
| | | | □ Add |
| | | | □ Remove |
| | | | |
| | | | 🗖 Add |
| | | | Remove |

| • | If ameno | ding any other information, enter change(s) here: (Attach additional she | ets, if necessary.) |
|---|-----------------------|--|---------------------|
| | | | |
| | | | |
| | | | |
| | Effective The effecti | e date, if other than the date of filing: | (optional) |
| | the date th | nis document is filed by the Florida Department of State) 12/28/2014. | |
| | | Signature of a member or authorized representative dea men | nhar - |
| | | Yanitza Dixon Tuned or printed parts of single. | iloci |

Page 3 of 3

Filing Fee: \$25.00