

LO6 000093504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

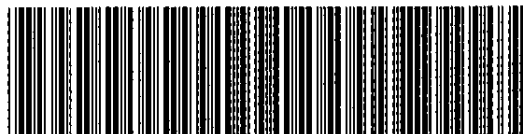
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 28 2011

EXAMINER

LO6-93504



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2011

FRANK SAIER, ESQ.
SCRUGGS & CARMICHAEL, PA
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606

SUBJECT: MELANIE LYNN KEMMERER D.M.D., L.L.C.
Ref. Number: L06000093504

We have received your document for MELANIE LYNN KEMMERER D.M.D., L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

You must list what professional services are being provided for the PLLC you are trying to file.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 711A00015225

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2011

FRANK SAIER, ESQ.
SCRUGGS & CARMICHAEL, PA
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606

SUBJECT: MELANIE LYNN KEMMERER D.M.D., L.L.C.
Ref. Number: L06000093504

We have received your document for MELANIE LYNN KEMMERER D.M.D., L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The specific purpose of the entity must be set forth in the 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 411A00014591

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Melanie Lynn Kemmerer, D.M.D., L.L.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:

Frank P. Saier, Esq.

Name of Person

Scruggs & Carmichael, PA

Firm/Company

4041-B NW 37th Place

Address

Gainesville, FL 32606

City/State and Zip Code

saier@scruggs-carmichael.com

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

2011 JUN 27 AM 8 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frank P. Saier, Esq.

Name of Person

at (352)

416-3499

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

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

Melanie Lynn Kemmerer, D.M.D., 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 September 25, 2006 and assigned
Florida document number L06000093504.

This amendment is submitted to amend the following:

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

Melanie L. Kemmerer, D.M.D., PLLC

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)

110 SW Suwannee Avenue

Branford, FL 32008

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 SW Suwannee Avenue

Branford, FL 32008

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

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 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.

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

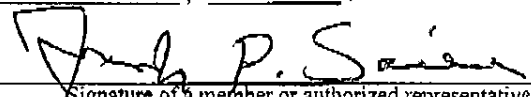
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Article III of Articles of Organization is amended to add the following:
~~The Professional Services to be performed by the company are dental~~
services for the general public.

FRS

Dated June 20, 2011



Signature of a member or authorized representative of a member

Frank P. Saler, Esq., Authorized Representative

Typed or printed name of signee