

L06000116738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

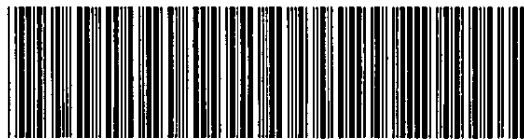
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2013-09-13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

MITCHELL A. SHERMAN, ESQ
7593 BOYNTON BEACH BLVD SUITE 220
BOYNTON BEACH, FL 33437

SUBJECT: GALAXY OF DENTAL ESTHETICS, LLC
Ref. Number: L06000116738

We have received your document for GALAXY OF DENTAL ESTHETICS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00020258

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Galaxy of Dental Esthetics, LLC**

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:

Mitchell A. Sherman, Esq.

Name of Person

Sherman Law Group, LLC

Firm/Company

7593 Boynton Beach Blvd., suite 220

Address

Boynton Beach, Florida 33437

City/State and Zip Code

mas@mshermanpa.com

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

For further information concerning this matter, please call:

Mitchell A. Sherman, Esq. at **(561) 738-1202**

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

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

GALAXY OF DENTAL ESTHETICS, LLC

(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 12/06/2006 and assigned
Florida document number 106000116738

This amendment is submitted to amend the following:

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

GALAXY DENTAL MANAGEMENT, LLC

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)

9880 Via Berning
Lake Worth FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9880 Via Berning
Lake Worth FL 33467

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

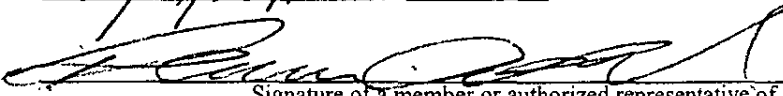
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rasmi Akei	9880 Via Bernini	<input checked="" type="checkbox"/> Add
		Lake Worth R. 33467	<input type="checkbox"/> Remove
MGRM	Hanzi Akei	Campi Drive	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33467	<input type="checkbox"/> Remove
MGRM	Azmi Akei	Campi Drive	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
MGRM	Elvira Vergara		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Iveta Akei	9880 Via Bernini	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 SEP 1987
ALLAHABAD, FLORIDA

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

Dated

Tuesday 4/23/13, 2013



Signature of a member or authorized representative of a member

Rasmi Ake

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA