

LO8000075530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

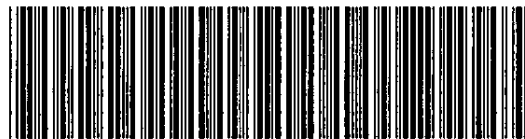
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/17--01009--026 **50.00

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17 MAY 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 22 2017

John R Earles, CPA
14365 E Colonial Dr B-4
Orlando, Fl 32826
407 275-3984

May 19, 2017

Good morning Stacey,


I really appreciate your patience in working with us to correct this mix-up.

I have included a check for \$25.00 to change Central FL Dental Centre LLC doc # L08000075511 to Central FL Dental Associates LLC. Also, I am changing the manager from Johary, C F DMD PA to Johary C.F. with the correct address of 1321 Apopka Airport Rd, Apopka, FL 32712.

I have also asking that the name change for Village Dental Centre LLC to Central FL Dental Centre LLC go through at this time since there will not be a name conflict any longer. You have the \$25 fee for this name change with the check I had sent to you in March. The doc # for this one is L0800075530. I have sent another copy of the paperwork I sent back in March with the letter I received from you.

Again, I appreciate your help in this urgent matter. I will be in surgery Monday morning but Sonia Johary may need your assistance when she has to deal with her bank on Monday.

Thank again,



Mary Kay Earles



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2017

MARY KAY EARLES
14365 E. COLONIAL DR B-4
ORLANDO, FL 32826

SUBJECT: VILLAGE DENTAL CENTRE LLC
Ref. Number: L08000075530

We have received your document for VILLAGE DENTAL CENTRE LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L08000075511 CENTRAL FL DENTAL CENTRE LLC.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00005814

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Village Dental Centre 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:

Mary Kay Earles
Name of Person

John Earles CPA
Firm/Company

14365 E Colonial Dr B-4
Address

Orlando FL 32826
City/State and Zip Code

soniajohary@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Kay Earles at (407) 275-3984
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

Village Dental Centre 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 8/06/2008 and assigned
Florida document number L08000075530

This amendment is submitted to amend the following:

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

Central FI Dental Centre LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

- ☐ Change
- ☐ Add
- ☐ Remove
- ☐ Change

17 MAY 22 PM 3:07

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

NA

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 3/16, 2017.


Signature of a member or authorized representative of a member

CF Johary
Typed or printed name of signee

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17 MAY 22 PM 3: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA