

L08000107158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

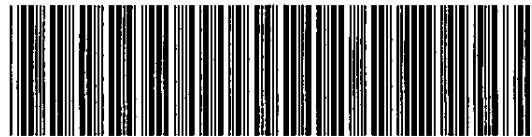
Special Instructions to Filing Officer:

A. LUNT

FEB - 3 2009

EXAMINER

Office Use Only



000139240630

12/24/08--01021--008 **55.00

2009 FEB - 2 PM 3:13
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2008

DAWN WALLACE
1107 SE 24 TERR.
OCALA, FL 34471

SUBJECT: ADVANCED PROSTHETIC AND IMPLANT DENTISTRY L.L.C.
Ref. Number: L08000107158

FILED
2009 FEB -2 PM 3:13
DEPT. OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ADVANCED PROSTHETIC AND IMPLANT DENTISTRY L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 108A00061772

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced prosthetic and implant Dentistry 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:

Dawn Wallace
(Name of Person)

Kevin B. Wallace DMD, PA
(Firm/Company)

1107 SE 24 Terr.
(Address)

Ocala, FL 34471
(City/State and Zip Code)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2009 FEB -2 PM 3:13

FILED

For further information concerning this matter, please call:

Dawn Wallace at (352) 867-9890
(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

phone # 352-867-9890

ret. address. 1107 S.E 24 Terr
Ocala, FL 34471

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

Advanced Prosthetic and Implant Dentistry, 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 _____ and assigned
Florida document number _____

This amendment is submitted to amend the following:

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

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)

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:

Kevin B. Wallace

New Registered Office Address:

1107 SE 24 Terr

(Enter Florida street address)

Ocala

(City)

Florida

(Zip Code)

34471

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.

Kevin B. Wallace

(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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 1-05-2009

Kevin B. Wallace, and
 Signature of a member or authorized representative of a member
KEVIN B WALLACE
 Typed or printed name of signee

FILED
2009 FEB 2 PM 3:14
TULAHASSEE COUNTY
OKLAHOMA