

LD8000109594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L. SELLERS

FEB.- 3 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB -2 AM 8:16

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Dental Partners 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:

Tim Christie

(Name of Person)

Sunshine Dental Partners

(Firm/Company)

1674 W. Hibiscus Blvd

(Address)

MELBOURNE FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Christie

(Name of Person)

at (321) 799-0004 x. 104

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2009

TIM CHRISTIE
1674 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

SUBJECT: SUNSHINE DENTAL PARTNERS, LLC
Ref. Number: L08000109594

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

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

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00000428

RECEIVED
DEPARTMENT OF STATE
09 JAN -5 PM 3:02

Division of Corporations
Registration Section

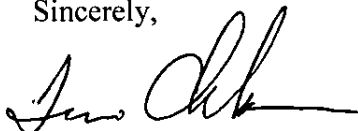
Dear Examiner;

When filing the articles of incorporation I neglected to send the attachment with the one
(1) additional manger/member:

Todd E. Christie D.M.D.
1674 W Hibiscus Blvd
Melbourne FL 32901

If there is a fee for this amendment please call or email me. I can provide MC/Visa if
possible.

Sincerely,



Tim Christie
1674 W Hibiscus Blvd
Melbourne FL 32901

321-543-7367 cell

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sunshine Dental Partners 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 11/25/2008 and assigned
Florida document number LO 8000109594

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

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SECRETARY OF STATE
ALLAHRA SEED ORION
(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>
MGR	Todd Christie	1794 W. MBISCHS BLVD Melbourne FL 32901	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Tim Christie

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 FEB -2 AM 8:16

FILED