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S. WARREN JAN 25 2018

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wekiva Springs Dental Care LLC Name of Limited Liability Jompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos F Johary Name of Person
Wekiva Springs Dental Care LLC FirhVCompany Dental Care LLC 407 Wekiva Springs Rd Suite 119
Long wood FL 32791  City/State and Zip Code  Cf johan Qaol. Com  E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
Carlos F Johany at (321) 945 - 9545  Name of Person at (321) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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, F1, 32301

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

Wekwa Spring	s Denta	(Care LCC
(Name of the Limited Liability Com (A Florida Honite)	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	26 2009 and assigned
Florida document number <u>LO900000770</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<del>-</del>	
Central Florida Den- The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	mplants LLC nation "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ir records, enter the name of the nev
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida	street address
	Cuv	, Florida Zw Code
New Registered Agent's Signature, if changing Registered Agen	· •	гір сове
The Registered Agent's Significant, a Configuration of the Agent	<del></del>	maire. I fourth an annual to annually with the

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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

•	
MGR = Manager	
AMBR = Authorized Member	
AMBR - Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			🗖 Add
			Remove
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	Page 2 c	of3	Remove DAH 21 PH 4: 05

Effective date, if other than the date of filing:  (an effective date is listed, the date must be specific and cannot be prive to date of filing or move than 90 days after filing.) Pursuant to 605.026 force:  (b) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a society of the date on the Department of State's records.  (c) The 90th day after the record is filed.  (a) The 90th day after the record is filed.  (b) The 90th day after the record is filed.  (c) The 90th day after the record is filed.	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated Jan 12, 2018  Signature of a member or authorized representative of a member  Carlos F Johany				-
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