

L09000009266

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 18 PM 6:00
TALLAHASSEE, FLORIDA

Smm 5/19/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plant City Dental Specialty Group, 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:

Judith S. Lambert

Name of Person

Lambert Law Offices, PL

Firm/Company

617 West Lumsden Road

Address

Brandon, Florida 33511

City/State and Zip Code

judy@judithslambert.com

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

For further information concerning this matter, please call:

Judith S. Lambert

813 662-7429

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 19 PM 6:00
TALLAHASSEE, FLORIDA

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

Plant City Dental Specialty Group, 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 January 28, 2009 and assigned
Florida document number L09000009266.

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)

623 E. Alexander Street

Plant City, Florida 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 Corner Street

Brandon, Florida 33511

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:

Lambert Law Offices, PL

New Registered Office Address:

617 West Lumsden Road

Enter Florida street address

Brandon

City

Florida 33511

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.

Justin S. Lambert manager
If Changing Registered Agent, Signature of New Registered Agent

If attending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Derek Busciglio	515 Corner Street	<input checked="" type="checkbox"/> Add
		Brandon, Florida 33511	<input type="checkbox"/> Remove
MGR	Duro Oguntebi	110 North Armenia Avenue	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33609	<input type="checkbox"/> Remove
MGRM	Jack A. Davidson		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Busciglio Orthodontics, P.A		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Duro Oguntebi		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/13/15



Signature of a member or authorized representative of a member

Derek M Busciglio - Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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