

209000012148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

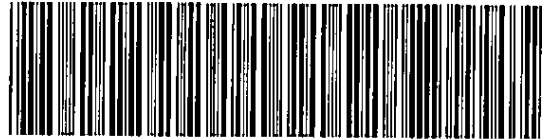
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300333967603

09/20/15--01018--00E **\$5.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 SEP 23 PM 9:11

Amend

SEP 3 2015

D CUSHING

MAILING ADDRESS:
P.O. BOX 1620
STUART, FL 34995

ROBERT A. BURSON, P.A.
ATTORNEY

(772)286-1616
Fax (772)286-5257
info@robertburson.com

ROBERT A. BURSON
BOARD CERTIFIED REAL ESTATE LAW

September 16, 2019

USPS

Registration Section
Division of Corporations/ State of Florida
P.O. Box 6327
Tallahassee, FL 32314

Re: Massaglia Dental Office LLC

Ladies:

Enclosed please find Articles of Amendment for the above limited liability company along with our fee check for \$25.00. Please process accordingly.

Thank you.

Jo Burson, Closer
Robert A. Burson PA

FILED
STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 20 11 36 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Massaglia Dental Office, 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:

Robert A. Burson

Name of Person

Robert A. Burson, P.A.

Firm/Company

PO Box 1620

Address

Stuart, FL 34995

City/State and Zip Code

66SharonMass@ATT.net

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

For further information concerning this matter, please call:

Bob Burson

772 286-1616
at ()

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**

Massaglia Dental Office, 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 February 5, 2009 and assigned
Florida document number L090000121482986.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2986 SW Trailside Path

(Principal office address MUST BE A STREET ADDRESS)

Stuart, FL 34997

Enter new mailing address, if applicable:

2986 SW Trailside Path

(Mailing address MAY BE A POST OFFICE BOX)

Stuart, FL 34997

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:

2986 SW Trailside Path

Enter Florida street address

Stuart

City

Florida 34997

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lon Massaglia, D.D.S.	2986 SW Trailside Path	<input type="checkbox"/> Add
		Stuart, FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Sharon A. Massaglia	2986 SW Trailside Path	<input type="checkbox"/> Add
		Stuart, FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This is a manager managed limited liability company and managers may be, but need not be, members.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

(b) The 90th day after the record is filed.

Dated September 11 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lon Massaglia, D.D.S.

Typed or printed name of signee