# L09000071873

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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

FLAGLER DENTAL CARE, LLC

SUBJECT:

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:

# JUAN CARLOS HIDALGO

Name of Person

# FLAGLER DENTAL CARE, LLC

Firm/Company

# 1199 W FLAGLER ST STE 7

Address

**MIAMI FL 33130** 

City/State and Zip Code

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

For further information concerning this matter, please call:

# JUAN CARLOS HIDALGO

786 **597-0660** 

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**

### FLAGLER DENTAL CARE, LLC

STATE OF THE STATE (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 L                                       | iability Company        | y were filed on 07/2                       | 27/2009                  | _ and assigned         |
|---|-------------------------|--|--------------------------|------------------------|
| Florida document number L09000071873  | 3                       |  |                          |                        |
| This amendment is submitted to amend the following                                    | owing:                  |  |                          |                        |
| A. If amending name, enter the new name o   | f the limited lial      | bility company here                        | :                        |                        |
| N/A   |                         |  |                          |                        |
| The new name must be distinguishable and end wi "L.L.C."                              | th the words "Lim       | ited Liability Compan                      | y," the designation "LLC | C" or the abbreviation |
| Enter new principal offices address, if applicable:                                   |                         | N/A  |                          |                        |
| (Principal office address MUST BE A STREE   | T ADDRESS)              |  |                          |                        |
|   |                         |  |                          |                        |
| Enter new mailing address, if applicable:   |                         | N/A  |                          | <del></del>            |
| (Mailing address MAY BE A POST OFFICE   | BOX)                    |  |                          |                        |
|   |                         |  |                          |                        |
| B. If amending the registered agent and/registered agent and/or the new registered of | ffice address her       | ffice address on or<br>re:<br>ARLOS HIDALO |                          | name of the new        |
|   | 1100 WELACLED ST. STE 7 |  |                          |                        |
| New Registered Office Address:  | 1100 111                |  | er Florida street addre. | ss -                   |
|   | MIAMI                   |  | , Florida <u>33</u> 1    | 30                     |
|   |                         | City                                       | ,os iua                  | Zip Code               |
| New Registered Agent's Signature, if changing l                                       | Registered Agent        | <u>:</u>                                   |                          |                        |

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 nature of New Registered Agent

Page 1 of 3

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>          | Address                 | Type of Action |
|--------------|----------------------|-------------------------|----------------|
| MGRM         | DAYNET HERNANDEZ     | 1199 W FLAGLER ST STE 7 | <b>✓</b> Add   |
|              |                      | MIAMI FL 33130          | Remove         |
| MGRM         | JUAN CARLOS HIDALGO  | 1199 W FLAGLER ST STE 7 | Add            |
|              |                      | MIAMI FL 33130          | Remove         |
| MGRM         | FERMIN ROLANDO LOPEZ | 1199 W FLAGLER ST STE 7 | Add            |
|              |                      | MIAMI FL 33130          | Remove         |
| MGRM         | FELICIA A. LOPEZ     | 1199 W FLAGLER ST STE 7 |                |
|              |                      | MIAMI FL 33130          | Remove         |
|              |                      |                         | Add            |
|              |                      |                         | Remove         |
|              |                      |                         |                |
|              |                      |                         | Remove         |
|              |                      |                         |                |

| D. If amendi                            | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)  A |
|---|--|
|   |  |
|   |  |
| *************************************** |  |
| Dated FEE                               | BRUARY, 1 2013   |
| Dated                                   |  |
| _                                       | Signature of a member of authorized representative of a member                               |
|   | DAYNET HERNANDEZ   |
| -                                       | Typed or printed name of signee  |
|   | Page 3 of 3  |

Filing Fee: \$25.00