

L090000089301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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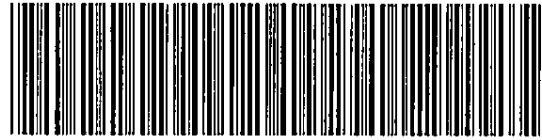
(Business Entity Name)

(Document Number)

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2023 NOV 29 AM 10:27
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alfa Dental Management, 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:

Christi Kimm

Name of Person

Alfa Dental Management, LLC

Firm/Company

6960 Bonneval Road, Suite 102

Address

Jacksonville, FL 32216

City/State and Zip Code

christik@mysmilemail.com

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

For further information concerning this matter, please call:

Christi Kimm

904

327-5735

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE
TALLAHASSEE, FL

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

Alfa Dental Management, 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 09/16/2009 and assigned
Florida document number L09000089301.

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 "LLC."

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

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

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TALLAHASSEE, FL

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>
AMBR	Behzad Rejaei Dental, Inc.	4489 Glen Kernan Pkwy E	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alfa Dental Holdings, Inc.	6960 Bonneval Rd	<input checked="" type="checkbox"/> Add
		STE 102	<input type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	Tim Tursonoff	10986 Wood Eden Court	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SEAL OF THE STATE OF FLORIDA
 DEPT. OF REVENUE
 PRIVATE

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

[illegible]

E. Effective date, if other than the date of filing: 10/01/2023 (optional) 2023
(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. 2

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

Dated 11/21/2023 .

Signature of a member or authorized representative of a member

Behzad Rajaei
Typed or printed name of signee