

L090000089301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

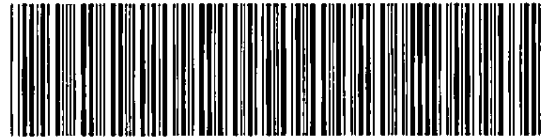
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alfa Dental Management, LLC
Name of Corporation

DOCUMENT NUMBER: L09000089301

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christi Kimm

Name of Contact 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

Name of Contact Person

at (904) 327-5735
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF CORRECTION

For

Alfa Dental Management, LLC

Name of Corporation as currently filed with the Florida Dept. of State

L09000089301

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Amendment to Articles of Organization
(Document Type Being Corrected)


filed with the Department of State on November 21, 2023
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The spelling of AMBR name : BEHZAD REJAEI DENTAL, INC

Correct the inaccuracy, incorrect statement, or defect:

BEHZAD RAJAEI DENTAL, INC



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

CHRISTI KIMM

(Typed or printed name of person signing)

COO

(Title of person signing)

Filing Fee: \$35.00