

L10000022749

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC - 2 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ILLUSTRADENT SOUTH MIAMI DENTAL SERVICES PLLC
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:

Jonathan H. Cook

Name of Person

Firm/Company

495 Brickell Ave. #3109

Address

Miami, Florida 33131

City/State and Zip Code

JHC5477@hotmail.com

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

For further information concerning this matter, please call:

Brittany H. Rawlings, Esq.

Name of Person

at (305)

672-7495

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

LAW OFFICES OF
AARON RESNICK, P.A.
ATTORNEY AND COUNSELOR

Telephone: 305.672.7495
Facsimile: 305.672.7496
E-Facsimile: 866.606.6343
Email: info@thefirmmiami.com

New World Tower
100 North Biscayne Boulevard
Suite 1607
Miami, Florida 33132

November 29, 2011

VIA U S MAIL

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

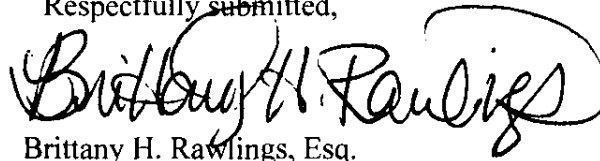
**RE: Articles of Amendment to Illustradent South Miami Dental Services PPLC,
Florida Document Number: L10000022749**

To Whom It May Concern:

Please find enclosed the Articles of Amendment for the aforementioned entity and a check in the amount of \$30.00 for the associated filing fee and certificate of status.

Should the Department have any questions or concerns, please do not hesitate to contact the undersigned.

Respectfully submitted,



Brittany H. Rawlings, Esq.

cc: Client

Enclosure

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

FILED

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ILLUSTRADENT SOUTH MIAMI DENTAL SERVICES PLLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/26/2010 and assigned
Florida document number L10000022749.

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:

6280 Sunset Drive, Suite # 401

(Principal office address MUST BE A STREET ADDRESS)

South Miami, FL. 33143

Enter new mailing address, if applicable:

495 Brickell Ave. # 3109

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL. 33131

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 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, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jonathan H. Cook	495 Brickell Ave. #3109 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mara Rosenberg Pilavsky	236 Woodlands Road Harrison, NY 10520	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DR	Mara Rosenberg	236 Woodlands Road Harrison, NY 10520	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Dated November 18, 2011

Brittany H. Rawlings Esq.
Signature of a member or authorized representative of a member

Brittany H. Rawlings, Esq.

Typed or printed name of signee