

L100000047420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

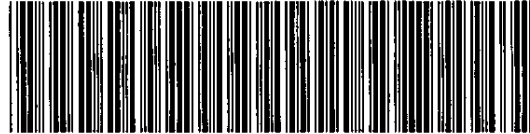
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2015

DR. BRIAN HOFFMAN
3920 BEE RIDGE ROAD, BLDG. E, STE. D
SARASOTA, FL 34233

SUBJECT: ADVANCED DENTAL HEALTH SERVICES, LLC
Ref. Number: L10000047420

We have received your document for ADVANCED DENTAL HEALTH SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT DOES NOT SHOW ANY CHANGES TO BE MADE. PLEASE INDICATE WHAT INFO NEEDS TO BE CHANGED AND SEND DOCUMENT BACK TO MY ATTENTION.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 315A00023721

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Private Practice Dental Solutions, 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:

DR. BRIAN HOFFMAN

Name of Person

HOFFMAN DENTAL

Firm/Company

3920 Bee Ridge Road, Bldg. E, Ste. D

Address

SARASOTA, FL 34233

City/State and Zip Code

Dr2uthman@gmail.com

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

For further information concerning this matter, please call:

Dr. Brian Hoffman

Name of Person

at (813)

Area Code

440-6757

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**

Advanced Dental Health Services, 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 05/04/2010 and assigned Florida document number L10000047420.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hoffman Dental Services, LLC

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

SAME

New Registered Office Address:

SAME

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.

SAME

If Changing Registered Agent, Signature of New Registered Agent

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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>
	ALL SAME	No CHANGES	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NO OTHER CHANGES

E. Effective date, if other than the date of filing: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated November 2, 2015.

D. Hoffman

Signature of a member or authorized representative of a member

DR. BRIAN P. HOFFMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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