

L1000056772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. Stivers APR 17 2015

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15 MAR 30 AM 7:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walden Center Drive, 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:

Rich Gilbert President
Name of Person

Pelican Landing Dental Dental PA
Firm/Company

23451 Walden Center Drive, Suite 100
Address

Bonita Springs, FL 34134
City/State and Zip Code

Dr Rich Gilbert@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rich Gilbert at (352) 215-5814
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**

Walden Center Drive, 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 5/25/10 and assigned Florida document number 110000056772.

This amendment is submitted to amend the following:

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

23451 Walden Center Drive, Suite 100 LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

→ Note: returning to original name

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(same mailing address as on file)
27695 Bay Point Lane
Bonita Springs, FL 34134

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:

Rich Gilbert

New Registered Office Address:

27695 Bay Point Lane

Enter Florida street address

Bonita Springs
City

Florida

34134
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Rich Gilbert <i>ambr</i>	27675 W Bay Point Lane Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	- New Agent, & owner		
	Shrochet Law Group	4897 Jog Road	<input type="checkbox"/> Add
	- old/former Agent	Greenacres, FL 33467	<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
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			<input type="checkbox"/> Remove

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

Please change name back to original name.
→ 23451 Wadden Center Drive, Suite 100, LLC
Please change register agent to ~~current~~ owner.
→ Rich Gilbert DMD

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

3/27/15

Signature of a member or authorized representative of a member

Rich Gilbert PRESIDENT

Typed or printed name of signee

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TALLAHASSEE, FLORIDA