

L1000033455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

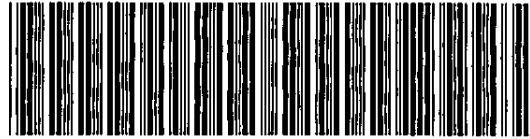
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09/29/16--01018--001 \*\*25.00

NOV 21 2016

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 AM 7:44



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2016

KATRINA HARO  
BUDGET DENTAL  
5200 10TH AVENUE NORTH  
GREENACRES, FL 33463

SUBJECT: BUDGET DENTAL ADMINISTRATION LLC  
Ref. Number: L11000033455

RECEIVED  
2017 OCT 17 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BUDGET DENTAL ADMINISTRATION 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):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 216A00021096

11-21-16  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 AM 7:45

*See  
Attached  
in Bormation*



11/16/17

To whom it may concern:

DG Dental Palm Beach acquired Budget Dental on June 27, 2016 so they are one entity. Doc #L11000033455  
And L16000060318 should be combined as one. If you have any further questions please call me at 561-318-8810.

Thank you,

A handwritten signature in black ink, appearing to read 'KH', with a long horizontal line extending to the right.

Katrina Harb

(Office Manager)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 AM 7:45

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DG Dental Palm Beach 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:

Katrina Haro

\_\_\_\_\_  
Name of Person

Budget Dental

\_\_\_\_\_  
Firm/Company

5200 10th Ave North

\_\_\_\_\_  
Address

Greenacres, Fl. 33463

\_\_\_\_\_  
City/State and Zip Code

Budgetdentalusa@gmail.com

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

For further information concerning this matter, please call:

Katrina Haro

561

318-8810

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

16 SEP 29 AM 7:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Budget Dental Administration 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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

DG Dental Palm Beach PLLC.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

5200 10th Ave North

Greenacres, Fl 33463

**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:

Dean Gaber

New Registered Office Address:

5200 10th Ave North

*Enter Florida street address*

Greenacres

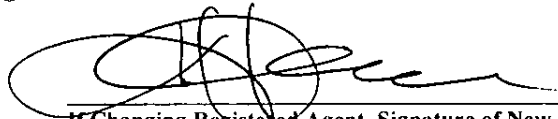
, Florida 33643

*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

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>
MGR	George And Liz Pritcher		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katrina Haro	5200 10th Ave North	<input checked="" type="checkbox"/> Add
		Greenacres FL. 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 SEP 2010  
AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

We just want to Switch ownerships  
Name it use to Be Budget Dental  
Administration it now is DG Dental Palm  
Beach PLLC.

DG Dental Palm Beach PLLC  
will be providing dental Services  
out of this location.

16 SEP 29 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

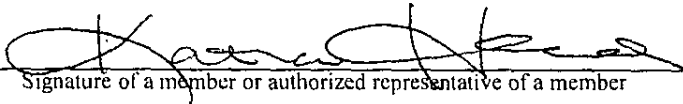
E. Effective date, if other than the date of filing: 06/28/016 (optional)

(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 9/14/16, 2016

  
Signature of a member or authorized representative of a member

Katrina Haro

Typed or printed name of signee