111000033455

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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17. JUL 17 AH 10: 27 OLVISION OF CONTORATIONS



June 29, 2017

KATRINA HARO 5200 10TH AVE N GREENACRES, FL 33463

SUBJECT: DG DENTAL PALM BEACH PLLC

Ref. Number: L11000033455

We have received your document for DG DENTAL PALM BEACH PLLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Letter Number: 617A00013162

Octavia I Simmons Regulatory Specialist II

RECEIVE:

1017 JUL 17 AM 1: 04

SECRETARY OF STARTOR

Registration Section

TO:

COVER LETTER

| Div | ision of Corp | porations | | |
|----------------|---------------|---|---|---|
| SUBJECT: | | Palm Beach PLLC. | | |
| SUBJECT. | | Name of Limi | ited Liability Company | |
| The analose | d Articles of | Amendment and fee(s) are sub | witted for filing | |
| | | | - | |
| Please return | all correspo | ndence 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 | m | |
| | | E-mail address: (t | o be used for future annual report notifi | cation) |
| For further is | nformation co | oncerning this matter, please ca | dl: | |
| Katrina Har | 0 | | 561 318-8810 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | | S30.00 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

Budget Dental Administration LLC:/ DG Dental Palm Beach PLLC: (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 __11/21/2016 and assigned Florida document number _L11000033455 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Budget Dental Administration LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC " or the abbres 5200 10th Ave North Enter new principal offices address, if applicable: Greenacres, Fl 33463 (Principal office address MUST BE A STREET ADDRESS) 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: George Pitcher Name of New Registered Agent: 5200 10th Ave North New Registered Office Address: Enter Florida street address Greenacres Cuv

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.

,

BRogistered 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> | Type of Action |
|--------------|----------------|----------------------|-----------------|
| MGR | George Pitcher | | ■ Add |
| | | | ☐ Remove |
| | | | □ Change |
| MGR | Katrina Haro | 5200 10th Ave North | □ Add |
| | | Greenactes FL, 33463 | ■ Remove |
| | | | □ Change |
| | | | Add |
| | | | FILED AND: 27 R |
| | | | H 6: 27 2 |
| | | | □ Change |
| | | | □ Add |
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| | | | Add |
| | | | □ Remove |
| | | | Change |

| | Budget Dental as our fictitious name. I was having problems with City of Greenacres giving us a Business License | | | | |
|-----|---|--|--|--|--|
| | with Budget Dental on there and not Budget Dental Administration LLC because that was not our LLC. I spoke | | | | |
| | With Shiela Young in September 2016 and she explained to me that I needed to fill out this form and write a letter | | | | |
| | that Budget Dental Administration LLC and DG Dental Palm Beach PLLC were the same entity because when | | | | |
| | you cannot have 2 entities at the same address. I did so and she sent me a letter stating everything was changed. | | | | |
| | I then sent in a letter stating the paperwork was submitted incorrectly and asked her if it was possible to change it | | | | |
| | back to the way it was because they are owned by 2 different people. That I needed to apply for a fictitious name | | | | |
| | and that I had filed the paperwork incorrectly. I never heard back so I called today 6/5/17 and was told I needed | | | | |
| | to amend it again. So Dg Dental Palm Beach PLLC should be one entity and Budget Dental Administration should | | | | |
| | be its own entity. | | | | |
| | DG Dental Palm Beach is owned by Dean Gaber LUCCOCUED 318 | | | | |
| | Budget Dental Administration LLC is owned by George Pitcher 1400003345 | | | | |
| cu | ctive date, if other than the date of filing: (optional) (optional) | | | | |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear he 90th day after the record is filed. | | | | |
| 4.5 | d 6/5/17 2011 | | | | |
| ate | Signature of a member or authorized representative of a member | | | | |
| ate | Signature of a member or authorized representative of a member Katrina Haro | | | | |

Page 3 of 3

Filing Fee: \$25.00