

L11000037543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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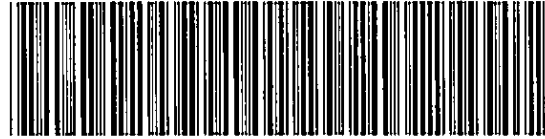
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

CLS  
10-2-18

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Altima Dental Group of Country Walk, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake W. Hassan, CPA, JD

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

McGill and Hassan, P.A.

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

8816 Red Oak Blvd., Ste. 220

\_\_\_\_\_  
Address

Charlotte, NC 28217

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

drlekkas@gmail.com

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

For further information concerning this matter, please call:

Nick Lekkas, D.D.S.

954

383-4973

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

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

Altima Dental Group of Country Walk, 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 03/29/2011 and assigned  
Florida document number L11000037543.

This amendment is submitted to amend the following:

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

Lekkas Dental Group of Country Walk, 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:

5670 Oaktree Avenue

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33312

Enter new mailing address, if applicable:

5670 Oaktree Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33312

**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:

5670 Oaktree Avenue

*Enter Florida street address*

Fort Lauderdale

*City*

Florida 33312

*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>
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			<input type="checkbox"/> Remove
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(605) 397 (3Hb)  
will not be listed as the

**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.

Dated September 18

Nick Lekkas, D.D.S., Manager

Typed or printed name of signee