

L110000087837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

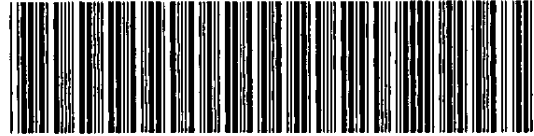
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2013 SEP 27 AM 8:17
FILING OFFICE
CLERK

J. SAULSBERRY
EXAMINER

OCT 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gentle Dental Care of Naples, 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:

YASMIN R. PAPENFLUSS
Name of Person

Elite Dental Spa LLC
Firm/Company

209 RIDGE DR.
Address

NAPLES, FL 34108
City/State and Zip Code

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

For further information concerning this matter, please call:

YASMIN PAPENFLUSS at (239) 2418-7200
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2019 SEP 27 AM 9:17

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

Gentle Dental Care of Naples, 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 07/29/2011 and assigned
Florida document number L11000087837

This amendment is submitted to amend the following:

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

Elike Dental Spa LLC

The new name must be distinguishable and end with 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)

209 Ridge Dr.
Naples, FL 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

209 Ridge Dr.
Naples, FL 34108

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:

209 Ridge Dr.

Enter Florida street address

Naples
City

Florida

34108
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 608, 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

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

Dated September 24, 2013.

Yashin R. Papenfuss
Signature of a member or authorized representative of a member

YASHIN R. PAPENFUSS
Typed or printed name of signee

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Filing Fee: \$25.00

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