

L11000094757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

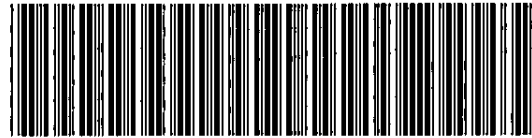
(Business Entity Name)

(Document Number)

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2011 DEC 19 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 20 2011

EXAMINER

Tae Heon Kang  
Deep Roots Periodontics, LLC  
11131 Redhawk Street  
Plantation FL 33324

December 14, 2011

Division of Corporations  
Florida Department of State  
P.O.Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations,

Would you please send me a certified copy of the articles of organization of Deep Roots Periodontics, LLC to the address above? The document number of the company is L110000947757 and was filed on August 15, 2011. I have attached Check no 1003 amounting to \$30 for the document fee.

Please also find another check No 1002 which amounts to \$ 55 to be paid for amendment filing fee and a certified copy of amendment.

Thank you.

Sincerely,

  
Tae Heon Kang

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Deep Roots Periodontics, 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:

TaeHeon Kang

Name of Person

Deep Roots Periodontics, LLC

Firm/Company

11131 Redhawk Street

Address

Plantation FL 33324

City/State and Zip Code

upennperioimplant@yahoo.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TaeHeon Kang

Name of Person

at (954) 536-1111

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**

Deep Roots Periodontics, 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 August 15, 2011 and assigned Florida document number L11000094757.

This amendment is submitted to amend the following:

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

Deep Roots Periodontics, PLLC.

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)**

**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:

New Registered Office Address:

*Enter Florida street address*

, Florida

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 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**

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

Dentistry practice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 12/14/2011, \_\_\_\_\_

T. Kang

Signature of a member or authorized representative of a member

TaeHeon Kang

Typed or printed name of Signee