

L12000014831
Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA ORTHODONTIC ASSOCIATES, LLC**

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MAR 02 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Orthodontic Associates, 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:

Sonia K. Lowe, Paralegal

Name of Person

Baker & Hostetler LLP

Firm/Company

65 E. State Street, Suite 2100

Address

Columbus, Ohio 43215

City/State and Zip Code

gwadman@bakerlaw.com

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

For further information concerning this matter, please call:

Sonia K. Lowe, Paralegal

at (614)

462-4701

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**

Florida Orthodontic Associates, 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 January 31, 2012 and assigned
Florida document number L12000014831.

This amendment is submitted to amend the following:

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

Florida Orthodontic Associates, 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)

1773 West Fletcher Avenue

Tampa, Florida 33612-1820

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Feldman Orthodontics

1773 West Fletcher Avenue

Tampa, Florida 33612-1820

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16 MAR -1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida

33324

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.

Kristin Bolden

Kristin Bolden
Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

3/1/2016 3:34:20 PM From: To: 8506176383(4/5)

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	Randy M. Feldman, DDS, MS	1773 West Fletcher Avenue, Tampa, FL 33612-1820	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ernest H. McDowell, DMD		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1773 West Fletcher Avenue, Tampa, FL 33612-1820	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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