

L12000093043

(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:

W18-68451

Office Use Only



900315857729

07/20/18--01018--007 \*\*25.00

FILED  
2018 AUG - 7 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

n BRUCE  
AUG 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2018

MUBASHIR CHAUDHRY  
1021 S RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114

SUBJECT: PEDIATRIC DENTISTRY & ORTHODONTICS OF WINDERMERE  
LLC  
Ref. Number: L12000093043

We have received your document for PEDIATRIC DENTISTRY & ORTHODONTICS OF WINDERMERE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LLLP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 718A00015445

2018 AUG - 7 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PEDIATRIC DENTISTRY & ORTHODONTICS OF WINDERMERE 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:

MUBASHIR CHAUDHRY

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

PEDIATRIC DENTISTRY & ORTHODONTICS OF WINDERMERE LLC

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

1021 S RIDGEWOOD AVE

\_\_\_\_\_  
Address

DAYTONA BEACH FL 32114

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

BAIG@HWCPAFL.COM

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

For further information concerning this matter, please call:

MUBASHIR CHAUDHRY

407

270-3997

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

2018 AUG - 7 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

PEDIATRIC DENTISTRY & ORTHODONTICS OF WINDERMERE 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 07/18/2012 and assigned Florida document number L12000093043.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: N/A - no change

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:

4769 THE GROVE DRIVE STE #118

(Principal office address MUST BE A STREET ADDRESS)

WINDERMERE FL 34786

Enter new mailing address, if applicable:

1021 S RIDGEWOOD AVE

(Mailing address MAY BE A POST OFFICE BOX)

DAYTONA BEACH FL 32114

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

City, Florida

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>
MGR	MUBASHIR CHAUDHRY	1021 S RIDGEWOOD AVE	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH FL 32114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAC DENTAL LLLP	2140 ALAQUA DR,	<input checked="" type="checkbox"/> Add
		LONGWOOD FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 AUG 7 PM 2:42  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 FILED

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

PLEASE REMOVE ASMA MANAGEMENT LLC AND REPLACE IT WITH (MAC DENTAL LLLP)

AND ADD MUBASIR CHAUDHRY AS AN OWNER.

2018 AUG -7 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA


FILED

E. Effective date, if other than the date of filing: 07/18/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY, 18, 2018

  
Signature of a member or authorized representative of a member

MUBASHIR CHAUDHRY

Typed or printed name of signee