

L12000105829 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

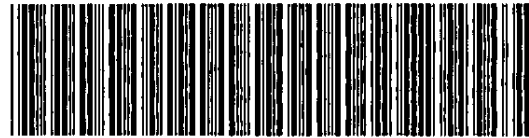
(Business Entity Name)

(Document Number)

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2013 MAY 23 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 24 2013

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orlando Oral & Facial Surgery, PLLC  
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:

Evelis Gerena

Name of Person

Orlando Oral & Facial Surgery, PLLC

Firm/Company

2045 Lee Road

Address

Winter Park, FL 32789

City/State and Zip Code

e gerena @ oofs. net

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

For further information concerning this matter, please call:

Evelis Gerena

Name of Person

at ( 407 ) 629-4444

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Orlando Oral & Facial Surgery, PLLC

(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 8/13/2012 and assigned  
Florida document number L12000105829.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

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

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>
AS MGRM	Avery Goldberg	2045 Lee Road Winter Park, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AS MGRM	Sravanthi Ganne	2045 Lee Road Winter Park, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AS MGRM	Matthew Hall	2045 Lee Road Winter Park FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

N/A

Dated \_\_\_\_\_

\* Dean H. Whitman MGRM  
Signature of a member or authorized representative of a member

Dean H. Whitman, MGRM  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2013

EVELIS GERENA  
2045 LEE ROAD  
WINTER PARK, FL 32789

SUBJECT: ORLANDO ORAL & FACIAL SURGERY, PLLC  
Ref. Number: L12000105829

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2013 MAY 23 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ORLANDO ORAL & FACIAL SURGERY, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 613A00012186



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2013

EVELIS GERENA  
2045 LEE ROAD  
WINTER PARK, FL 32789

SUBJECT: ORLANDO ORAL & FACIAL SURGERY, PLLC  
Ref. Number: L12000105829

2013 MAY 23 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for ORLANDO ORAL & FACIAL SURGERY, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 713A00010725



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2013

EVELIS GERENA  
2045 LEE ROAD  
WINTER PARK, FL 32789

SUBJECT: ORLANDO ORAL & FACIAL SURGERY, PLLC  
Ref. Number: L12000105829

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2013 MAY 23 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ORLANDO ORAL & FACIAL SURGERY, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 513A00009053