

L12000124823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

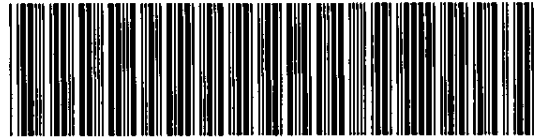
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

D. BRUCE
NOV 0 8 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERGENCY DENTAL WALK-INS., 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:

HENRY FOLKERSEN

Name of Person

REGISTERED AGENT

Firm/Company

2015 WEXFORD GREEN DR.

Address

VALRICO FL 33594 USA

City/State and Zip Code

SIRHF@AOL.COM

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

For further information concerning this matter, please call:

HENRY FOLKERSEN

Name of Person

at 813 624 7800

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EMERGENCY DENTAL WALK-INS, 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 09/28/2012 and assigned
Florida document number L 12000124823.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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

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>
MGRM	DONALD NEWMAN D.D.S., PA.	6060 SW 18 ST. SUITE 109	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33433	<input type="checkbox"/> Remove
		USA	
MGRM	HOF, INC.	2015 WEXFORD GREEN DR	<input checked="" type="checkbox"/> Add
		VALRICO FL 33594	<input type="checkbox"/> Remove
		USA	
MGRM	HENRY FOLKERSEN	2015 WEXFORD GREEN DR.	<input type="checkbox"/> Add
		VALRICO FL 33594 USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SEAL
TAMPA
FLORIDA

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

Dated 11/05, 2012

Henry Folkerse, Pres. HOF, INC.

Signature of a member or authorized representative of a member

HENRY FOLKERSEN AUTHORIZED REPRESENTATIVE, HOF, INC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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