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(Requestor's Name)

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(City/State/Zip/Phone #)

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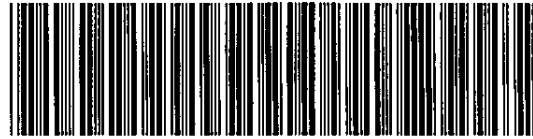
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren  
SEP 07 2016



Microendodontics Specialty Center  
Dr. Bertram I Moldauer, D.M.D., M.S.  
302 NW 179 Ave  
Suite# 201  
Phone: (954)-374-9215

8/29/2016

Florida Department or States

Attached you will find check #2029.

Daytime telephone number 954-374-9215. Return address 302 NW 179 ave. Suite #201  
Pembroke Pines, Fl. 33029

Sincerely,

Dr. Bertram I. Moldauer  
Owner

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MicroEndodontic Specialty Center, P.L.

\_\_\_\_\_  
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:

Bertram I. Moldauer

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

MicroEndodontic Specialty Center, P.L.

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

302 NW 179th Avenue, Suite 201

\_\_\_\_\_  
Address

Pembroke Pines, Fl. 33029

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

bmolda74@gmail.com

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

For further information concerning this matter, please call:

Bertram I. Moldauer

954 240-9433  
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

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

MicroEndodontic Specialty Center, P.L.

(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 12/07/12  
Florida document number L12000153759

This amendment is submitted to amend the following:

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

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)**

302 NW 179th Avenue, Site 201

Pembroke Pines, Fl. 33029

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

**(Mailing address MAY BE A POST OFFICE BOX)**

302 NW 179th Avenue, Suite 201

Pembroke Pines, Fl. 33029

**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:**

Bertram I. Moldauer

**New Registered Office Address:**

302 NW 179th Avenue, Suite 201

*Enter Florida street address*

Pembroke Pines

*City*

Florida 33029

*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>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 August 29th, 2016

~~Signature of a member or authorized representative of a member~~

Bertram I. Moldauer

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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