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R WHITE

JUL 08 2020

2020-9-11 2:13

WESTBERRY AND TRESHER FAMILY DENTISTRY, P.A.

WENDY TRESHER, D.M.D. | WILLIAM WESTBERRY, D.M.D.

Office (386) 423-1440 | Fax (386) 423-1957

2234 State Road 44 | New Smyrna Beach, FL 32168

NewSmyrnaBeachFamilyDentistry.com

Email: jan_westberry@bellsouth.net

June 12, 2020

Kyle D Brumbley
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter Number 020A00010473

Dear Mr. Brumbley:

I am responding to the letter referenced above. A copy of the letter is attached as well.

Enclosed you will find the corrected Articles of Amendment for Jan Westberry, DMD, PLLC. In addition, we have enclosed a check in the amount of \$11.25. Please apply this, long with the check already received for \$43.75 for the attached filing.

If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Wendy Tresher', with a stylized flourish at the end.

Wendy Tresher, DMD

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAN WESTBERRY, DMD, 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:

WENDY TRESHER, DMD
Name of Person

WESTBERRY & TRESHER FAMILY DENTISTRY, LLC
Firm/Company

2234 STATE ROAD 44
Address

NEW SMYRNA BEACH, FL 32168
City/State and Zip Code

wendyrwl@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY TRESHER, DMD at (386) 423-1440
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JAN WESTBERRY, DMD, PLLC

2012 -9 PM 2:13

(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 12/18/2012 and assigned
Florida document number L12000157791.

This amendment is submitted to amend the following:

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

WESTBERRY AND TRESHER FAMILY DENTISTRY, LLC

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:

2234 STATE ROAD 44

(Principal office address MUST BE A STREET ADDRESS)

NEW SMYRNA BEACH, FL 32168

Enter new mailing address, if applicable:

(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:

WENDY TRESHER, DMD

New Registered Office Address:

2234 STATE ROAD 44

Enter Florida street address

NEW SMYRNA BEACH

City

Florida

32168

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>
<u>MGR</u>	<u>JAN WESTBERRY</u>	<u>2234 STATE ROAD 44</u>	<input type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL 32168</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>WENDY TRESHER</u>	<u>2234 STATE ROAD 44</u>	<input checked="" type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL 32168</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>WILLIAM WESTBERRY</u>	<u>2234 STATE ROAD 44</u>	<input checked="" type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL 32168</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

N/A

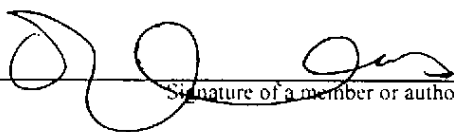
E. Effective date, if other than the date of filing: _____ (optional)

(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 6-15-2020, _____.



Signature of a member or authorized representative of a member

WENDY TRESHER, DMD

Typed or printed name of signee

Filing Fee: \$25.00