

L12000160790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

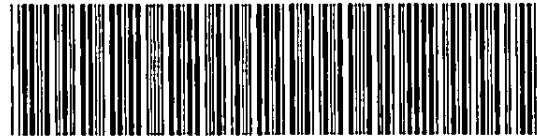
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/17 01:20:01 1925.00

FILED

17 OCT 10 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
10/11/17

#25.00
10/1/17 check #1049 10th water
cleared on 9/28/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2017

KRISTIN OUTLAN, DMD
6528 HUNTINGTON LAKES, CIRCLE #104
NAPLES, FL 34119 US

SUBJECT: INTEGRATIVE ORAL HEALTH & WELLNESS, LLC
Ref. Number: L12000160790

• Rec 10/2/17
• 10/3-form not
included, do
Reinstatement form
• 10/3 filed Reinstatement
online #23875 pd
Rcpt# 3712302409
Trcky# CR1862953669
"Final confirmation"-
with our Review Review
processed successfully ✓

We have received your document for INTEGRATIVE ORAL HEALTH & WELLNESS, 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.?

Please return the corrected² original and one copy of 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) 254-6051.

²⁴⁵
Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 717A00019505

REX

2017 OCT 10 PM 3:20

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Oral Health & Wellness, 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:

Kristin Outlan, DMD
Name of Person

Integrative Oral Health & Wellness, LLC
Firm/Company

6528 Huntington Lakes, Circle #124
Address

Naples, FL 34119
City/State and Zip Code

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

For further information concerning this matter, please call:

Kristin Outlan, DMD at 239, 289-2881
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Integrative Oral Health & Wellness, 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 1-3-2013 and assigned
Florida document number L1200016079.0

This amendment is submitted to amend the following:

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

Tapestry Oral Health, 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:

(Principal office address MUST BE A STREET ADDRESS)

6528 Huntington Lakes Circle
#104
Naples, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6528 Huntington Lakes Circle
#104
Naples, FL 34119

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:

N/A

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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SECRETARY OF STATE

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:

MA

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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17 OCT 10 PM 12:04
STATE JAIL STATE
TALLAHASSEE, FLORIDA

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

9-21-2017

John D. DODD

Krishn Oungan DMR

Typed or printed name of signee