

L130000001059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

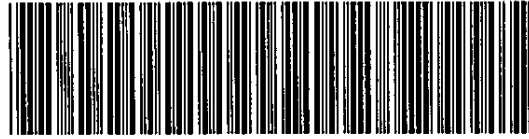
(Document Number)

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2013 JUN 28 AM 8:30
FILING OFFICE
TALLAHASSEE, FL 32309

FILED

J. SAULSBERRY
EXAMINER

JUL -1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL G. HISS DMD DENTAL CARE, 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:

Michael Gunter Hiss DMD
Name of Person

Michael G. Hiss DMD Dental Care, PLLC
Firm/Company

1931 SE 35TH Street
Address

Cape Coral, FL 33904
City/State and Zip Code

dr.mikehiss@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gunter Hiss at (239) 541-3260
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

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2013 JUN 28 AM 8:30
TALLAHASSEE, FL 32301

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

MICHAEL G. HISS DMD DENTAL CARE, 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 December 28, 2012 and assigned Florida document number L130000001059.

This amendment is submitted to amend the following:

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

HISS DENTAL, PLLC

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)

12601 World Plaza Lane, Suite #1
Fort Myers, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2013 JUN 28 AM 8:30
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
LEE, FLORIDA

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:

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

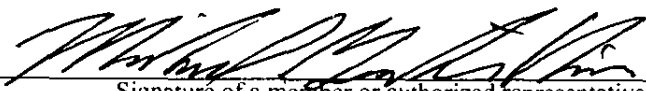
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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STATE
CLERK
F 02104

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

Dated June 26, 2013

 DMD
Signature of a member or authorized representative of a member

Michael Gunter Hiss DMD
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUN 28 AM 8:50
NOTARY STATE
FLORIDA