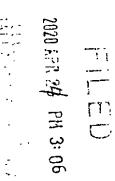
L13000 064 016

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·-
		;

Office Use Only



03/26/20--01008--028 **25.00



Amend

APR 28 2020

ALBRITTON

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Boe, Pace.	Name of Limited Liability Company
Sobsect.	Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	Carol L. Lo Beau
	arol L. Le Bear PA Firm/Company
	4953 Ca(tell: DR #200
	Naple FL 34103 City/State and Zip Code
<u>-</u>	E-mail address: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
Name of Person	262-3544 Area Code Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$25.00 Filing Fee \$30.00 Files	ling Fee & S55.00 Fiting Fee & S60.00 Filing Fee, nte of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2020 / 11 7: 52

Letter Number: 220A00007734

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2020

CAROL L. LeBEAU 4953 CASTELLO DR #200 NAPLES, FL 34103

SUBJECT: BOE, PAGE & PAGE DENTAL GROUP, PLLC

Ref. Number: L13000064016

We have received your document for BOE, PAGE & PAGE DENTAL GROUP, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to check the type of action for the new manager/members listed

Please return 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) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boe Page : Page	Dental Group	PUC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our rec bility Company)	ords.)
The Articles of Organization for this Limited Liability Company w	ere filed on5 1 1	3 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
• =	14	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "f	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	dress on our records, en	ter the name of th <u>e new registere</u>
agent and/or the new registered office address here:		-
	١.٨	
Name of New Registered Agent:	J A	
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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.

NIA

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>	Type of Action
MGR	Steven A. Boe PA	4953 Castello Dr # 100	ZJAdd
		Naples, FL 34103	□Remove
			Change
<u>MG12</u>	Stephen B. Pay LLC	4953 Castello Dr. #100	\DAdd
		Naphi, FL 34103	□Remove
			Change
M6/L	Christopher S. Pax. PL	LC 4953 Cartello Da	🗹 Add
		Naples, FL 34103	□Remove
			Change
			□Add
			□Remove
		331110	□ Change
			□Add
			□Remove
			□ Change
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	ive date, if other than the date of filing: $1/27/2020$ (optional)
im cfl <u>vote:</u>	ive date, if other than the date of filing: 1 2020 (optional) lective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor d is fi	d 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 led.
ated	1/27) 2020
	Stem / See
	Signature of a member or authorized representative of a member