

213000091880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

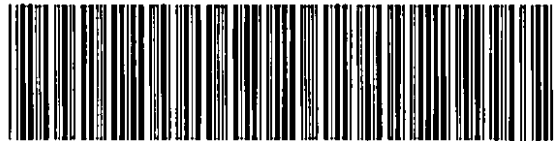
(Document Number)

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08/30/18--01029--012 **7.50

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AUG 01 2018
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2018

H. RUTH PYLE
CHASE DENTAL SLEEPCARE OF WESTON, LLC
2239 NORTH COMMERCE PARKWAY., STE 1
WESTON, FL 33326

SUBJECT: CHASE DENTAL SLEEPCARE OF WESTON LLC
Ref. Number: L13000091880

We have received your document for CHASE DENTAL SLEEPCARE OF WESTON LLC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

*See
enclosure*

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 018A00016616



2018/08/27 AM 11:08
ENTICE
FUGOR
SSILE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chase Dental SleepCare of Weston, 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:

H Ruth Pyle

Name of Person

Chase Dental SleepCare of Weston, LLC

Firm/Company

2239 North Commerce Parkway, Suite 1

Address

Weston, FL 33326

City/State and Zip Code

hruthp@gmail.com

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

For further information concerning this matter, please call:

H Ruth Pyle

954

349-4004

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**

Chase Dental SleepCare of Weston, 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 06/26/2013 and assigned
Florida document number L13000091880

This amendment is submitted to amend the following:

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

Snoring and Sleep Apnea Solutions, 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

N/A

[illegible]

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

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.

(b) The 90th day after the record is filed.

Dated August 22, 2018

Signature of a member or authorized representative of a member

H Ruth Pyle

Typed or printed name of signee

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