

**L13 000 134275**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

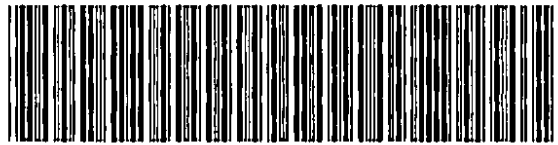
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200355580952**

11/30/20--01023--014 \*\*30.00

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2020 NOV 30 PM 2:37


1/13/21  
*[Signature]*

Pamela Otttesen DMD LLC  
1536 John Sims Pkwy E  
Niceville, FL 32578  
850-803-3451  
November 25, 2020

To whom it may concern at Sun Biz,

I need my LLC through the Florida Department of State to match my LLC registered and recognized by the Department of Treasury, Internal Revenue Service. The IRS has me listed as Pamela Ottesen DMD LLC. I need my Sun Biz organization to also be recognized as Pamela Ottesen DMD LLC. Enclosed is a check for \$30.00 for the Filing Fee and Certificate of Status. Please note, my bank check does have me listed as a PLLC because the bank follows The State of Florida registry. I plan to have my bank change my organization name to Pamela Ottesen DMD LLC as soon as possible, once this change is made with Sun Biz. I appreciate your help and attention to this detail.

Respectfully,

  
Pamela Ottesen, DMD

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pamela Ottesen DMD 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:

Pamela A Ottesen  
Name of Person

Pamela Ottesen DMD LLC  
Firm/Company

1536 John Sims Pkwy  
Address

Niceville FL 32578  
City/State and Zip Code

pamela.ottesen@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Ottesen at ( 850 ) 803 3451  
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 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**

Pamela Ottesen DMD 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 09/23/2013 and assigned Florida document number 413000134275.

This amendment is submitted to amend the following:

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

Pamela Ottesen DMD 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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

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(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)

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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

In reply refer to: 0457306053  
Mar 04, 2020 LTR 147C  
46-3731190

PAMELA OTTESEN DMD LLC  
PAMELA A OTTESEN SOLE MBR  
1536 JOHN SIMS PARKWAY  
NICEVILLE FL 32578-0000 000

Taxpayer Identification Number: 46-3731190

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of March 4th, 2020.

Your Employer Identification Number (EIN) is 46-3731190. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

M. ANDRADE  
1003376109  
Customer Service Representative

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