L13000163730

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000008871 3)))

H19000008871 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
19 MAR -1 PM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BURKE FAULKNER LAW, P.A.
Account Number : I20150000064
Phone : (727)781-7428
Fax Number : (727)214-2814

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019 MAR -1 PM 12:16

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HESS & VANLANDSCHOOT ORTHODONTICS, PL

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	$25.00

K. SALY

MAR - 4 2019

February 28, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HESS & VANLANDSCHOOT ORTHODONTICS, PL
11970 BOYETTE ROAD
RIVERVIEW, FL 33569US

SUBJECT: HESS & VANLANDSCHOOT ORTHODONTICS, PL
REF: L13000163730

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H19000008871
Letter Number: 419A00004242

H19000008871 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
19 MAR -1 PM 2:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HESS & VANDLANDSCHOOT ORTHODONTICS, 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 NOVEMBER 21, 2013 and a Florida document number L13000163730

This amendment is submitted to amend the following:

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

HESS ORTHODONTICS, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

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)

B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:
Enter Florida street address

City, Florida
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 perso or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type
MGR	TOBY W. VANLANDSCHOOT, P.A.	11970 BOYETTE ROAD RIVERVIEW, FL 33569	☐ A
			☒ Re
			☐ Ch
			☐ Ad
			☐ Ren
			☐ Ch
			☐ Add
			☐ Remo
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
19 MAR -1 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H19000008871 3

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

FILED
19 MAR -1 PM 2:24
SECRETARY OF 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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
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 earlie
(b) The 90th day after the record is filed.

Dated 1/14/2019

X _____
Signature of a member or authorized representative of a member

Michael A. Hess, P.A
Typed or printed name of signee

H19000008871 3

Filing Fee: $25.00