L14000134170

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

PATRICK DISALVO DISALVO & ASSOCIATES PLLC 1760 N. JOG ROAD, SUITE 150 WEST PALM BEACH, FL 33411

SUBJECT: R. DUSTIN DIXON DMD HOLDINGS PLLC

Ref. Number: L14000134170

We have received your document for R. DUSTIN DIXON DMD HOLDINGS PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a PROFESSIONAL LIMITED LIABILITY COMPANY - PLLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 515A00014451

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

Division of Comparations D.O. DOV 0997 Wellaharana Florida 9991

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	R. Dustin I	Dixon DMD Holdings, PLLC		
3013	EC1.	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Patrick DiSalvo		
Name of Person				
		DiSalvo & Associates, PL	LC	
Firm/Company				
		1760 N. Jog Road, Suite 1	50	
Address				
		West Palm Beach, FL 334	11	
			City/State and Zip Code	
		pdisalvo@d-acpa.com		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Patric	k DiSalvo		561 659-1177 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for tl	ne following amount:		
■ \$2	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

R. Dustin Dixon DMD Holdings, PLLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000134170 This amendment is submitted to amend the following:	were filed on 08/27/2014 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7012 Hawks Harbor Circle
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, FL 34207
Enter new mailing address, if applicable:	7012 Hawks Harbor Circle
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FL 34207
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>enter the name of the nev</u> <u>e</u> :
<u> </u>	
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
			☐ Change
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	te is listed, the date r	the date of filing:must be specific and can solock does not mee	nnot be prior to date of t the applicable sta	f filing or more than autory filing requir	optiona 90 days after fili ements, this da	ng.) Pursuant	t to 605.02 be listed a
an effective dat lote: If the da	ate inserted in this fective date on the	e Department of State					
an effective dat lote: If the da ocument's eff e record sp	ate inserted in this fective date on the	yed effective dat	e, but not an e	ffective time, a	t 12:01 a.m	n. on the	earlier (
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Filing Fee: \$25.00