

LIH 000175 005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

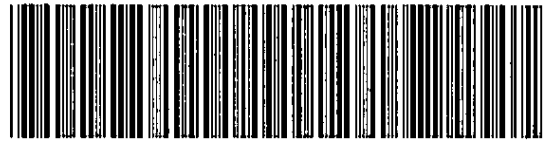
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Special Instructions to Filing Officer:

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JUL 28 A 11:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN 28 AM 8:10

2021 JUN 28 AM 8:10

June 15, 2021

MELODY LANKFORD  
140 SOUTH BEACH STREET  
SUITE 310  
DAYTONA BEACH, FL 32114

SUBJECT: ATLANTIC FAMILY DENTISTRY LLC  
Ref. Number: L14000175005

We have received your document for ATLANTIC FAMILY DENTISTRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Summer Chatham  
OPS

Letter Number: 821A00013303

2021 JUN 28 AM 11:20

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC FAMILY DENTISTRY 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:

Melody Lankford, Esq.

Name of Person

Lankford Law Firm, PA

Firm/Company

140 South Beach Street, Suite 310

Address

Daytona Beach, FL 32114

City/State and Zip Code

mlankford@lankfordlawfirm.com

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

For further information concerning this matter, please call:

Melody Lankford

850 264-7004  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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

2021 JUN 28 A 11:25

11-17

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ATLANTIC FAMILY DENTISTRY 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 11/11/2014 and assigned  
Florida document number L14000175005.

This amendment is submitted to amend the following:

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

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)

**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:	<u>Lankford Law Firm, PA</u>	JUN 28 11:24 AM '14
New Registered Office Address:	<u>140 South Beach Street, Suite 310</u> <i>Enter Florida street address</i>	
	<u>Daytona Beach</u> , <u>Florida</u> <u>32114</u>	<i>City Zip Code</i>

**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.*

Melody A. Lankford  
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

21

27 JUN 28 A 11:24

2021 JUN 28 A 11:40

(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**