

U400016771

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TALLAHASSEE, FLORIDA

APR 10 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2015

SUSAN J MACKENZIE-LLOYD
5100 S CLYDE MORRIS BLVD STE 200
PORT ORANGE, FL 32127

SUBJECT: MACKENZIE DENTISTRY, LLC
Ref. Number: L14000176771

We have received your document for MACKENZIE DENTISTRY, LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 615A00006411

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TALLAHASSEE, FLORIDA
15 APR -3 AM 10:00
BUREAU OF CORPORATE
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mackenzie 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:

Susan Mackenzie-Lloyd DDS
Name of Person

Mackenzie Dentistry
Firm/Company

5100 S. Clyde Morris Blvd, Suite 200
Address

Port Orange FL 32127
City/State and Zip Code

poadmin@mackenzie-dentistry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Mackenzie, DDS at 386 304 2799
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Mackenzie 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 11/13/2014 and assigned
Florida document number L14000176771

This amendment is submitted to amend the following:

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

Mackenzie Dentistry, PLLC

The new name must be distinguishable and end with 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)

5100 S. Clyde Morris Blvd.

Suite 200

Port Orange FL 32127

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: _____

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
President	Susan Mackenzie-Lloyd, DDS	2924 Cypress Ridge Trail	<input checked="" type="checkbox"/> Add
		Port Orange Fl 32128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

Amending Susan Mackenzie-Lloyd: title
from Manager to President.

Changing From LLC to 'PLC

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 6, 2015.

Susan J. Mackenzie-Lloyd, DDS.
Signature of a member or authorized representative of a member

Susan J. Mackenzie-Lloyd, DDS
Typed or printed name of signee

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