

L15000082630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

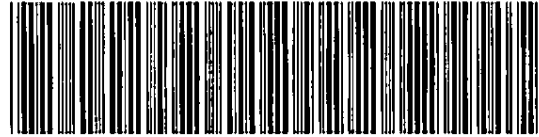
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Sharon Wrayhart gave  
permission to add page 2 of  
3 to document and  
File it.

DC  
10-26-18

Office Use Only



300313423113

05/21/18--01015--002 \*\*55.00

FILED  
2018 OCT 26 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

N/C

10-26-18

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2018

GREGORY A JOHNSTON  
555 W GRANADA BLVD  
STE F6  
ORMOND BEACH, FL 32174

SUBJECT: FLORIDA FAMILY DENTISTRY ORMOND BEACH, LLC  
Ref. Number: L15000082630

We have received your document for FLORIDA FAMILY DENTISTRY ORMOND BEACH, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of 3 is missing.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00010802

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Family Dentistry Ormond Beach, 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:

Gregory A. Johnston  
Name of Person  
Florida Family Dentistry  
Firm/Company  
555 W. Granada Blvd. Ste. F6  
Address  
Ormond Beach, FL 32174  
City/State and Zip Code  
gaj8008@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory A. Johnston at (386) 503-8008  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Florida Family Dentistry Ormond Beach, 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 May 11, 2015 and assigned  
Florida document number L15000082630

This amendment is submitted to amend the following:

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

Family Dentistry Ormond Beach, 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)**

555 W. Granada Blvd  
Ste Fb  
Ormond Beach, FL 32174

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

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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

**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**

**FILED**  
**2018 OCT 26 PM 2:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

(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.

5-14, 2018



Signature of a member or authorized representative of a member

GREGORY A. JOHNSTON  
Typed or printed name of signee