L15000175409

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TALLAHASSEE, FL

KH
2/6/24

Schultz Law Group
KERRY ANNE SCHULTZ, ATTORNEY AT LAW

Friday, January 12, 2024

VIA REGULAR MAIL
Registration Section
Division of Corporations
Post Office 6327
Tallahassee, Florida 32314

RE: Amelia Dental Group, PLLC

Dear Clerk:

Please see the enclosed Articles of Amendment to Articles of Organization and a check in the amount of $$25.00.

Please contact me at my office should you have any questions.

Sincerely,

Kerry Anne Schultz

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TALLAHASSEE, FL

KAS/amf

P: 850-754-1600 • F: 850-754-1601
2779 Gulf Breeze Parkway • Gulf Breeze, Florida 32563
schultzlawgrp.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amelia Dental Group, PLLC
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:

Kerry Anne Schultz
Name of Person

Schultz Law Group, P.L.L.C.
Firm/Company

2777 Gulf Breeze Parkway
Address

Gulf Breeze, Florida 32563
City/State and Zip Code

kaschultz@schultzlawgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Anne Schultz, Esq. at (850) 754-1600
Name of Person — Area Code — Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ $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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Amelia Dental Group, 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 October 15, 2015 and assigned Florida document number L15000175409.

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)

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TALLAHASSEE, FL

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 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

Title	Name	Address	Type of Action
MGR	Laurie A. Kitson, DMD	1947 Citrona Drive	☐ Add
		Fernandina Beach, Florida 32034	■ Remove
		1947 Citrona Drive	☐ Change
MGR	Justin E. Blazejewski, DMD	Fernandina Beach, Florida 32034	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL

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

2024 JAN 23 PM 3:3[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 6[illegible]0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of: (b) The 90th day after the record is filed.

Dated January 10, 2024.

Laurie A Kitson DMD
Signature of a member or authorized representative of a member

LAURIE A. KITSON DMD
Typed or printed name of signee

Filing Fee: $25.00