

L15000208251

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
16 JAN 21 AM 9:15
TALLAHASSEE, FLORIDA

RECEIVED
2016 JAN 21 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KIDS SMILES DENTAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

1/21/2016 10:05:58 AM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kids Smiles Dental, 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:

Sonia K. Lowe, Paralegal

Name of Person

Baker & Hosteller LLP

Firm/Company

65 E. State Street, Suite 2100

Address

Columbus, Ohio 43215

City/State and Zip Code

gwadman@bakerlaw.com

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

For further information concerning this matter, please call:

Sonia K. Lowe, Paralegal

614

462-4701

at ()

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Kids Smiles Dental, 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 December 18, 2015 and assigned
Florida document number LI5000208251

This amendment is submitted to amend the following:

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

Kids Smiles Dental, PLLC

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)

1773 West Fletcher Avenue

Tampa, Florida 33612-1820

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/a Feldman Orthodontics

1773 West Fletcher Avenue

Tampa, Florida 33612-1820

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

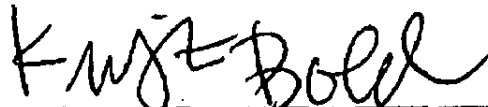
Florida 33324

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

**Kristin Bolden
Assistant Secretary**

1/21/2016 10:05:58 AM From: To: 8506176383(4/5)

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>
MGR	Randy M. Feldman, DDS, MS	1773 West Fletcher Avenue, Tampa, FL 33612-1820	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ernest H. McDowell, DMD		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1773 West Fletcher Avenue, Tampa, FL 33612-1820	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The purposes of the company shall be to provide dental services, engage in related activities, and engage in any and all other lawful activities.

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16 JAN 21 AM 9:23
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HONOLULU

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 605.0207 (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 20, 2016



Signature of Partner or authorized representative of a member

Ernest H. McDowell, DMD, Authorized Representative

Typed or printed name of signer