Division of Corporations **Electronic Filing Cover Sheet**

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Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081 Phone : (727)443-5190 : (727)474-9949 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE WAVE ORTHO, PLLC

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COVER LETTER

TO: Re Di	egistration Sec ivision of Corp	tion orations		
· ·		'E ORTHO, PLLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retu	rn all correspor	ndence concerning this matter t	o the following:	
		D'Anne Bruen		
			Name of Person	
		Blue Wave Dental Group		
			Firm/Company	
		1773 West Fletcher Avenue	c	
			Address	
		Tampa, FL 33612		
			City/State and Zip Code	
		d.bruen@bluewavedentalgr	oup.com to be used for future annual report no	vitication)
For further	r information c	e-mail address: (i oncerning this matter, please of		, including
D'Anne B			813 968-2483	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration S	Section
I	Division of C	Corporations	Division of C The Centre of	
_	P.O. Box 632 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

Aug 14, 2020 01:23:AM To: 18506176383 Page 3/5 From: Faehner PLLC Fax: 7274749949

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BLUE WAVE ORTHO, PLLC		
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 "LLC." 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: New Registered Office Address: Enter Florida street address Florida	(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	i <mark>ny as it now appears on our recorc</mark> Liability Company)	<u>ls.</u>)
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 "LLC". 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: New Registered Office Address: Enter Florida street address Florida		and assigned	
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Enter Florida street address, Florida	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street addr	622
City Zip Code		, F	
		City	Zip Code

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

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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>	Name	Address	Type of Action
MGR	FRANK, SIERRA J		∃ Add
		1773 West Fletcher Avenue	□Remove
		Tampa, FL 33612	
MGR	MCDOWELL, ERNEST H., DMD	1773 West Fletcher Avenue	
		Tampa, FL 33612	
			□Add
			□Remove
			☐ Change
			□Add
			🗀 Remove
			□Change
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ffective	date, if other th	an the date of fi	iling:			(optional) 0 days after filing.) Pur	
an effectiv	ve date is listed, the o	iate must be specific	e and cannot be p	rior to date of fili	ing or more than 9 ev filing require	0 days after filing.) Pur ments, this date will	suant to 605.020 not be listed a
ocument	's effective date or	the Department	of State's reco	rds.			
record sp	oecifies a delayed	effective date, but	t not an effecti	ve time, at 12:0	I a.m. on the ca	rlier of: (b) The 90	th day after the
d is filed.							
4.1	CHETH	11	2020				
Dated	JGUST 11	_/					
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