

L160000012505

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 : M. FAEHNER, ESQ. LLC  
Account Number : I20170000081  
Phone : (727)443-5190  
Fax Number : (727)474-9949

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

Email Address: \_\_\_\_\_

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

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Corporate Filing Menu

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AUG 14 2020

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BLUE WAVE ORTHO, 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:

D'Anne Bruen

Name of Person

Blue Wave Dental Group

Firm/Company

1773 West Fletcher Avenue

Address

Tampa, FL 33612

City/State and Zip Code

d.bruen@bluewavedentalgroup.com

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

For further information concerning this matter, please call:

D'Anne Bruen

813 at ( )

968-2483

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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	FRANK, SIERRA J		<input checked="" type="checkbox"/> Add
		1773 West Fletcher Avenue	<input type="checkbox"/> Remove
		Tampa, FL 33612	<input type="checkbox"/> Change
MGR	MCDOWELL, ERNEST H., DMD	1773 West Fletcher Avenue	<input type="checkbox"/> Add
		Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NONE

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


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)

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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 AUGUST 11 2020

AUGUST 11



Signature of a(n) \_\_\_\_\_

DR. RANDY FELDMAN

Typed or printed name of signee

**Filing Fee: \$25.00**