

L160000 24827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

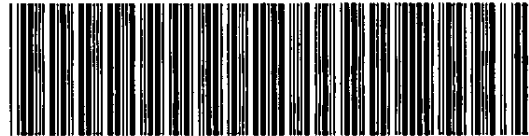
(Business Entity Name)

(Document Number)

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16 FEB 19 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 22 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SAGE DENTAL OF WEKIVA SPRINGS, 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:

JASON REED STRUBLE

Name of Person

NORTHWESTERN MANAGEMENT SERVICES, LLC

Firm/Company

951 Broken Sound Parkway, Suite 250

Address

Boca Raton, FL 33487

City/State and Zip Code

jstruble@mysagedental.com

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

For further information concerning this matter, please call:

JASON REED STRUBLE, ESQ.

561 999-9650 EXT. 6123  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input 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**

SAGE DENTAL OF WEKIVA SPRINGS, 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 February 04, 2016 and assigned  
Florida document number L16000024827.

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)

951 Broken Sound Parkway

Suite 250

Boca Raton, FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

951 Broken Sound Parkway

Suite 250

Boca Raton, FL 33487

**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:

951 Broken Sound Parkway, Suite 250

*Enter Florida street address*

Boca Raton

, Florida 33487

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Florida Dental Holdings, PLLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		951 Broken Sound Parkway, # 250	<input checked="" type="checkbox"/> Change
		Boca Raton, FL 33487	
PRES	Neal Ziegler, D.D.S.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		951 Broken Sound Parkway, # 250	<input checked="" type="checkbox"/> Change
		Boca Raton, FL 33487	
VP	Antonio Cruz, D.M.D.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		951 Broken Sound Parkway, # 250	<input checked="" type="checkbox"/> Change
		Boca Raton, FL 33487	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

*[This section contains horizontal lines for amendments, which have been crossed out with a large X.]*

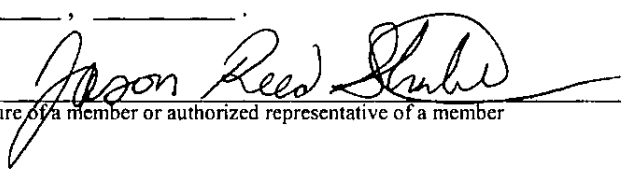
E. Effective date, if other than the date of filing: February 1, 2016 (optional)

(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 FEBRUARY 11, 2016

  
Signature of a member or authorized representative of a member

JASON REED STRUBLE

Typed or printed name of signee

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16 FEB 19 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA