4/14/2017 Division of Corporations

L17000155821

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 : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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
ELITE D. N. Y. MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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MAY 08 2017
J. HARRIS

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE D. N. Y. MANAGEMENT, 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:

Cheyenne Moseley
Name of Person

Legalzoom.com, Inc.
Firm/Company

101 N. Brand Blvd., 11th Floor
Address

Glendale, CA 91203
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888 ext. 9724
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 ☒ $35.00 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

850-617-6381 4/17/2017 12:23:58 PM PAGE 1/001 Fax Server

April 17, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ELITE D. N. Y. MANAGEMENT. LLC
16645 GERMAINE DR.
DELRAY BEACH, FL 33446US

SUBJECT: ELITE D. N. Y. MANAGEMENT. LLC
REF: L16000155821

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A brief description of the entity's nature of business must be included in the document.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H17000102829
Letter Number: 217A00007400

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TALLAHASSEE FLORIDA

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TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ELITE D. N. Y. MANAGEMENT, 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 08/19/2016 and assigned Florida document number L16000155821

This amendment is submitted to amend the following:

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

Palm Beach Dental Studio, PLLC

The new name must be distinguishable and end with 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)

9070 Kimberly Blvd., Suite 60
Boca Raton, FL 33434

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9070 Kimberly Blvd., Suite 60
Boca Raton, FL 33434

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TALLAHASSEE FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE FLORIDA

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

Please see attached concerning additional amendments

E. Effective date, if other than the date of filing: _____ *(optional)*
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.

Dated 05/04/2017

Signature of a member or authorized representative of a member

Thomas Lovetere

Typed or printed name of signer

Filing Fee: $25.00

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
ELITE D. N. Y. MANAGEMENT. LLC

The name of the limited liability company will be: Palm Beach Dental Studio, PLLC

Palm Beach Dental Studio, PLLC is a Professional Limited Liability Company and the members have elected to bring the LLC within the provisions of the Florida Professional Service Corporations and Limited Liability Company Act.

The sole and specific purpose for which the professional LLC is organized is to render the professional service of: Dentistry

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