L16000181718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

O SIMMONS

FEB 21 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2020

PATRICIA DEVILLIERS
14730 2ND AVE CIR NE
BRADENTON, FL 34212

SUBJECT: 3D DENTISTRY PLLC
Ref. Number L16000181718

We have received your document for 3D-DENTISTRY PLLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is N16000010965.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons - 850-245-6979
Regulatory Specialist I, Supervisor Letter Number: 020A00003000

use Section 4 850 - 245 - 6050 then 0

265-6979

fax to 850 245 - 6897

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 3D Dentistry 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:

Patricia DeVilliers
Name of Person

3D-Dentistry PLLC
Firm/Company

14750 2nd Avenue Cir NE
Address

Bradenton, FL 34212
City/State and Zip Code

1namedentology@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriaan DeVilliers at (205) 790-8290
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
  re-file declined name change
- [ ] $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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

3D Dentistry 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 September 29, 2016 and assigned Florida document number L16000181718.

This amendment is submitted to amend the following:

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

3DD-2019 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)

14730 2nd Avenue Cir NE
Bradenton, FL 34212

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

14730 2nd Avenue Cir NE
Bradenton, FL 34212

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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 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

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

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

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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.[illegible]
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 7, 2020

Signature of a member or authorized representative of a member

Patricia DeVilliers, Member ~~and Manager~~

Typed or printed name of signee

Filing Fee: $25.00