117000092036

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000372226430

08/80/21--01029--010 **25.00



SUBJECT:	Seaside Smiles	Pediatric Dentistry PLLC ne of Limited Liability Company
The enclosed Artic	cies of Amendment and fee(s)	are submitted for filing.
Please return all co	orrespondence concerning this	s matter to the following:
	DBJECT: Seaside Smiles Recitability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and feets of Amendment and feet	
	<u>Seaside</u>	Smiles Pediatric Dentistry PLLC Firm/Company
		3725 12th Ct, Suite B
	dichel E-mail a	
For further inform	ation concerning this matter,	please call:
	Name of Person	at (727) 871 1021 Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
∑ \$25.00 Filing		tatus Certified Copy Certificate of Status & Certified Copy Certified Copy
Registra Division P.O. Bo	ation Section n of Corporations	Registration Section Division of Corporations

Registration Section Division of Corporations

TO:

TO

ARTICLES OF ORGANIZATION **OF**

Sparide Smiles Per	diatric Ventist	ry PLLC		
(Name of the Limited Liabili	ty Company as it now appea a Limited Liability Company)	rs on our records.)		
·	-			
The Articles of Organization for this Limited Liability C	Company were filed on	4/25/2017	and ass	igned
Florida document number <u>Li 7800092036</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company h	ere:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the	e abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
(11 melpat office was em 1. Co. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.				
			7.75	
			· 5	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
Training www.com.			3	
				
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our (records, <u>enter the n</u>	ame of the nev	<u>v regist</u> í
Name of New Registered Agent:				
Name of New Registered Tigeth.				
New Registered Office Address:	Enter Flo	orida street address		
	J. 10			
	City	, Florida	Zip Code	
	City		nay cont	

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 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 aniending Authorized Person(s) authorized to manage, enter the or removed from our records: MGR = Manager AMBR = Authorized Member Type of Actic **Address Name** Title 3725 12th Cf Scite B □Add

Vero Perich FL - 32960 MRemo Jan Garcia AMBIZ □ Change □Add □Remove Change Add Add Remove _GChange F \square Add Remove _____ Change □Add □Remove ☐ Change □Add □Remove □Change

	<u> </u>					<u> </u>
		<u></u>				
		<u>-</u>		<u> </u>		
	. <u> </u>					
·						
	-					
	<u> </u>					 _
						12.5
						IUG I
		·	<u>. </u>			30
						P
					. <u> </u>	?
					•	#
						
		<u> </u>				
			<u> </u>			
			·· <u> </u>			
ffective date, if other than the an effective date is listed, the date made in this locument's effective date on the	block does not r	neer the applica	abic statutory ii	more than 90 days ling requirements	o ptional) after filing.) Pursi . this date will r	uant to 605.020 not be listed a
record specifies a delayed effect I is filed.	ive date, but not	t an effective ti	me, at 12:01 a.r	n, on the earlier o	f: (b) The 90th	n day after the
Dated August 2	(`V06				
0	Signature of a	member or autho	offzed representat	ive of a member		

---- TO 035.00