

L17000095393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900308405099

02/05/18--01016--009 ++25.00

FILED
18 FEB -6 AM 7:15
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bayshore Gardens Dental, I.L.C.

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:

April Francia

Name of Person

Robert H. Montgomery, III, Esq., P.C.

Firm/Company

230 S. Broad Street, Suite 305

Address

Philadelphia, PA 19102

City/State and Zip Code

april@rmontgomery-law.com

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

For further information concerning this matter, please call:

April Francia

at (215)

731-1404, ext. 9

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bayshore Gardens Dental, 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 April 28, 2017 and assigned
Florida document number L17000095393.

This amendment is submitted to amend the following:

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

Sarasota Bay Dental, 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)

1724 Cherry Lane

Sarasota, Florida 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1724 Cherry Lane

Sarasota, Florida 34236

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:

1724 Cherry Lane

Enter Florida street address

Sarasota

Florida

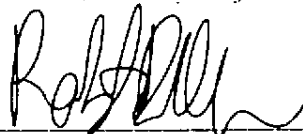
34236

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	Robert Daniell Miller	1805 Bayshore Gardens Parkway	<input type="checkbox"/> Add
		Bradenton, Florida 34207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert Daniell Miller	1724 Cherry Lane	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Pursuant to section 621.04 of the Florida Code, the entity's sole member elects to bring this entity within the provisions of the Professional Service Corporations and Limited Liability Companies Act by amending the entity's name from Bayshore Gardens Dental, LLC to Sarasota Bay Dental, PLLC.

FILED
18 FEB -6 AM 7:16
STATE OF FLORIDA
TALLAHASSEE

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 605.0207 (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 1, 2018



Signature of a member or authorized representative of a member

Robert D Miller

Typed or printed name of signee