

L17000095393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

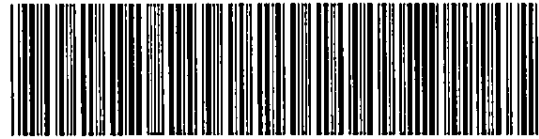
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE

J. LEGGETT
FEB 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bayshore Gardens Dental, I.I.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

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18 FEB 16 AM 7:16
STATE OF FLORIDA
TALLAHASSEE

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

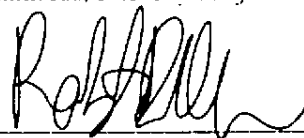
34236

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
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