

7/5/2017

417000106826

Florida Department of State
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Account Number : I19990002006
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PATRICIA P. MARCHESE, DMD, PLLC

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATRICIA P. MARCHESE, DMD, 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:

Amy E. Jellicorse

Name of Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street

Address

Orlando, FL 32801

City/State and Zip Code

ajellicorse@zkstlawfirm.com

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

For further information concerning this matter, please call:

Lisa Schmidt

407

425-7010

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
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☐ \$55.00 Filing Fee &
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☐ \$60.00 Filing Fee,
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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

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

PATRICIA P. MARCHESE, DMD, 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 May 15, 2017 and assigned
Florida document number L17000106826.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

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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	Philip Marchese	1300 South Miami Avenue	<input type="checkbox"/> Add
-----	-----------------	-------------------------	------------------------------

		Unit 3302	<input checked="" type="checkbox"/> Remove
--	--	-----------	--

		Miami, FL 33130	<input type="checkbox"/> Change
--	--	-----------------	---------------------------------

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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(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)

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 July 5
July 5

2017

~~2019~~

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Patricia P. Marchese, DMD

Patricia F. Marchese, DMD

Typed or printed name of signee