

L17000250296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

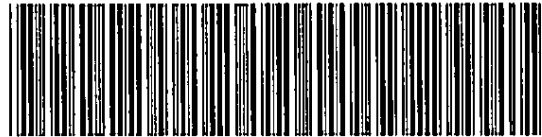
(Document Number)

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FILED
18 MAY 29 PM 4:11
CLERK OF STATE
JULIA E. POPE

K. SALY

JUN 4 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JD & TN, LLC
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:

Thuy Nguyen, DDS
Name of Person

Exceptional Dental of Saint Petersburg
Firm/Company

3238 4th St. N
Address

St. Petersburg, FL 33704
City/State and Zip Code

thuyengddr@dentistsofstpete.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thuy Nguyen or at (727) 388-3429
Name of Person Area Code Daytime Telephone Number

Cindy Cao

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)

ALREADY
SENT

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

JD & TN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 MAY 29 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/18/17 and assigned
Florida document number _____.

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 "L.L.C."

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: _____

Thuy T. Nguyen

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thuy T. Nguyen	3238 4th St. N	<input type="checkbox"/> Add
		St. Petersburg, FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jan F. Delassen	3238 4th St. N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33709	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18
MAY 29 PM 4:11
FILED

18 MAY 29 PM 4:11
FILED
STATE
FLORIDA

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)

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 May 24, 2018.

 Signature

Signature of a member or authorized representative of a member

Thuy Nguyen

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2018

EXCEPTIONAL DENTAL OF ST. PETERSBURG
THUY GNUYEN, DDS
3238 4TH ST. N
ST. PETERSBURG, FL 33704

SUBJECT: JD&TN, LLC
Ref. Number: L17000250296

We have received your document for JD&TN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 418A00009399

RECEIVED

2018 MAY 29 AM 10:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL