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(Requestor's Name) (Address)	300322192453
(Address)	000022102400
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	12/27/1801089019 **80.00
Certified Copies Certificates of Status	RECEIVED
Special Instructions to Filing Officer:	FILED 2018 DEC 26 AHTI: 52 SECRETALLATASSEE, FL
	PIOS CO HAL



December 21, 2018

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

Re: <u>Coro Orthodontics LLC Amendment to Coro Orthodontics 2 LLC.</u> <u>&</u> <u>Coro Building LLC conversion to Coro Orthodontics, P.A.</u>

To Whom It May Concern:

I am writing to you as the authorized representative for the above referenced entities.

It is our desire to amend Coro Orthodontics LLC (Document No. L18000037193) to Coro Orthodontics 2 LLC. Attached please find the Articles of Amendment to Articles of Organization of Coro Orthodontics LLC. We need the name to be changed to Coro Orthodontics 2 LLC. We need the effective date of this amendment to be in 2018.

Simultaneously, it is our desire to convert Coro Building LLC (Document No. L18000034611) to Coro Orthodontics, P.A. Attached please find Certificate of Conversion for Other Business Entity Into Florida Profit Corporation and attached Articles of Incorporation. We need the effective date of this amendment to be in 2018.

After speaking with an employee of the Department of Divisions by the name of Nedira, she explained that the effective date of December 28, 2018 will allow sufficient time for the package to be received by overnight mail (Tracking No. 7740 4800 9562) sent on December 21, 2018 and for it to be stamped in.

It is of extreme importance for this to be effective in 2018.

Attached are two separate checks, one for the amendment and the other for the conversion.

If there are absolutely any questions, I can be reached directly at 305-345-7692.

Sincerely,

Jonathan J. Coto, Esq.

COVER LETTER

ro: Reg	Registration Section
	Division of Corporations

Coro Orthodontics LLC

SUBJECT: _

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:

Jonathan J. Coto, Esq.

Name of Person

Coto Law Firm, P.A.

Firm/Company

7700 N. Kendall Drive, Suite 610

Address

Miami, Florida 33156

City/State and Zip Code

Coto@CotoFirm.com

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

For further information concerning this matter, please call:

Jonathan J. Coto 305 668-6228 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 C O	F Fit m
0	F FILED 2018 DEC 26 AH11: 52
Coro Orthodontics LLC	2018 DEC 26 AM INT
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Ari 11: 52 Jability Company) SECR
	02/09/2018 TALLAHASSESTATE
e Articles of Organization for this Limited Liability Company	were filed onfand assigned
L18000037193	
is amendment is submitted to amend the following:	
	NY
If amending name, enter the new name of the limited liab	<u>ility company here</u> :
pro Orthodontics 2 LLC	
e new name must be distinguishable and contain the words "Limited Liabi	
	896 S. Dixie Hwy
ter new principal offices address, if applicable:	·
ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33146
iter new principal offices address, if applicable: <u>rincipal office address MUST BE A STREET ADDRESS)</u>	·
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rincipal office address MUST BE A STREET ADDRESS)	·
ter new mailing address, if applicable:	Coral Gables, FL 33146
	Coral Gables, FL 33146 896 S. Dixie Hwy

Name of New Registered Agent:			
New Revistored Office Address	7700 N. Kendall Drive	e, Suite 610	
New Registered Office Address:	Enter Florida street address		
	Miami	, Florida 33156	
	Ci	ty 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.

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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

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<u>Title</u>	Name	Address	Type of Action
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fective date, if other an effective date is listed ote: If the date inser- ocument's effective d e record specifies The 90th day aft	ted in this block does late on the Departmen a delayed effect	s not meet the applic nt of State's records tive date, but no	able statutory film	g requirements.	this date will not t	ie fisteu a
December 21		2018				
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Luman C. C.	ого					
Jorge C. Co	<u> </u>	Typed or print	ed name of signee			_

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Filing Fee: \$25.00