

H220002314963

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L18000248723

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mcilwain6@gmail.com

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2022 JUL -7 AM 11:47

2022 JUL -7 AM 11:45

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MCILWAIN DENTAL SPECIALISTS, P.L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL -8 2022

M. SOLOMON

COVER LETTER

H220002314963

**TO: Registration Section
Division of Corporations**

SUBJECT: Mcilwain Dental Specialists, P.L.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:

Ghada Skaff
Name of Person

Lieser Skaff Alexander
Firm/Company

403 N. Howard Ave.
Address

Tampa, FL 33606
City/State and Zip Code

mcilwain6@gmail.com
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL
 STATE SECRETARY OF REVENUE

For further information concerning this matter, please call:

Ghada Skaff at 813 280-1256
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 Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

H220002314963

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mcilwain Dental Specialists, P.L.L.C.

(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 October 23, 2018 and assigned Florida document number L18000248723.

This amendment is submitted to amend the following:

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

N/A

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:

302 N. Howard Ave.

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33606

Enter new mailing address, if applicable:

302 N. Howard Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33606

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TAMPA, FL

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:

Lieser Skaff Alexander

New Registered Office Address:

403 N. Howard Ave.

Enter Florida street address

Tampa

City

, Florida

33606

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	Michael Mcilwain	302 N. Howard Ave.	<input type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Rebecca L. Warnken	302 N. Howard Ave.	<input type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Matthew Ahrens	302 N. Howard Ave.	<input type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kara D Ford	302 N. Howard Ave.	<input type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input checked="" 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

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