

L19000005760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

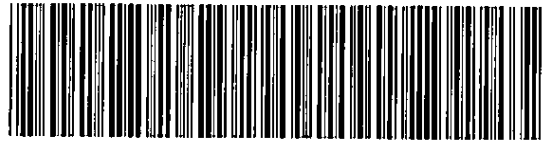
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400330189424

06/03/19--01037--011 +\$25.00

FILED  
2019 JUN -3 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

JUN 18 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DEROSA CLINIC PALM BEACH 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:

STEVEN FLEMING, CHBC, EA

\_\_\_\_\_  
Name of Person

MEDICAL-DENTAL CONSULTANTS, INC.

\_\_\_\_\_  
Firm/Company

35 SOCKANOSSET CROSSROAD, SUITE 5

\_\_\_\_\_  
Address

CRANSTON, RI 02920

\_\_\_\_\_  
City/State and Zip Code

JAIMIEDEROSA@HOTMAIL.COM

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

For further information concerning this matter, please call:

STEVEN FLEMING, CHBC, EA

401

943-2200

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 &  
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**

DEROSA CLINIC PALM BEACH 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 JANUARY 3, 2019 and assigned  
Florida document number L19000005760.

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:

New Registered Office Address:

900 VILLAGE SQUARE, SUITE 150

*Enter Florida street address*

PALM BEACH GARDENS

*City*

Florida 33410

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

☐ Add  
☐ Remove  
☐ Change  
☐ Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  
CHANGING SUITE NUMBER OF LIMITED LIABILITY COMPANY'S ADDRESS FOR ITS PRINCIPAL OFFICE,

MAILING ADDRESS, AND STREET ADDRESS OF THE REGISTERED AGENT FROM SUITE 103 TO SUITE 150

THE STREET, CITY, AND ZIP CODE WILL REMAIN THE SAME.

FILED  
2019 JUN -3 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 20, 2019

E. 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 20 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JAIMIE DEROSA, MEMBER

\_\_\_\_\_  
Typed or printed name of signee