

L19000151348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

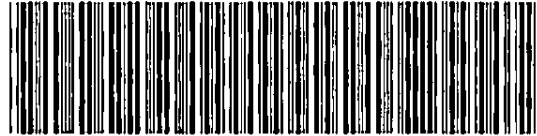
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600339891406

01/21/2020 10:10:10 AM

FILED
CLERK OF STATE
JAN 31 PM 5:12
JAN 31 2020

Amend

FEB 27 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Bay Periodontics and Implant Dentistry, 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:

James G. Wilson, DMD
Name of Person

Tampa Bay Periodontics and Implant Dentistry, LLC
Firm/Company

1810 S. MacDill Ave., Suite 2
Address

Tampa, FL 33629
City/State and Zip Code

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

For further information concerning this matter, please call:

James G. Wilson, DMD at (813) 293-1089
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
20 JAN 31 PM 5:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Tampa Bay Periodontics and Implant Dentistry, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 JAN 31 1 45 PM '19
FILED
CLERK OF CIRCUIT COURT
H. J. LEWIS
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 7, 2019 and assigned
Florida document number L19000151348.

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)

17 Davis Blvd
Suite 305
Tampa, FL 33606

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

_____, **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>
AMBR	Wilson, James G.	1810 S. MacDill Ave	<input type="checkbox"/> Add
		Tampa, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Waite, Matthew T	1810 S. MacDill Ave.	<input type="checkbox"/> Add
		Tampa, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	James G Wilson, DMD, PA	3105 W. San Rafael St	<input checked="" type="checkbox"/> Add
		Tampa, FL 33629	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew T. Waite, DDS, MS, PA	17 Davis Blvd.	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input 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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 January 28, 2020

Sam M. B.

Signature of a member or authorized representative of a member

James G. Wilson, DMD

Typed or printed name of signee