

L19 000 254313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

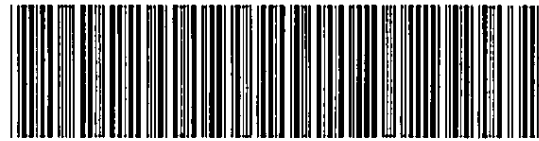
(Business Entity Name)

(Document Number)

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OCT 05 2020

10/05/20--01020--008 **30.00

FILED
2020 OCT -5 PM 4:36
CLERK OF SUPERIOR COURT
JULIA M. GREGG, CLERK

NOV 13 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORAL & MAXILLOFACIAL RADIOLOGY 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:

Name of Person

INCFILE.COM LLC

Firm/Company

3901 NW 79TH AVE SUITE 245 #880

Address

MIAMI, FL 33166

City/State and Zip Code

jekats@gmail.com

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

For further information concerning this matter, please call:

JOSHUA KATS

402

5708393

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ORAL & MAXILLOFACIAL RADIOLOGY LLC

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

FILED
2020 OCT -5 PM 4:36
CLERK OF DISTRICT COURT
HILLSBORO, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 9, 2019

and assigned

Florida document number L19000254313

This amendment is submitted to amend the following:

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

ORAL & MAXILLOFACIAL RADIOLOGY PLLC

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:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amendment to change from LLC under Chapter 608 to PLLC under Chapter 621. The professional nature of the PLLC business is to provide Oral & Maxillofacial Radiology consultation services to referring dentists.

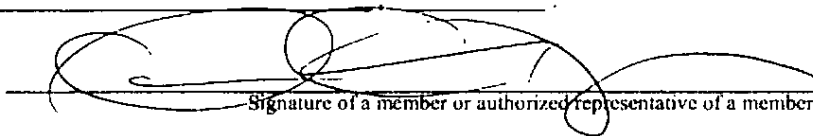
E. Effective date, if other than the date of filing: _____ (optional)

(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 OCTOBER 1 2020



Signature of a member or authorized representative of a member

JOSHUA C. KATS

Typed or printed name of signee

Filing Fee: \$25.00