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Division of Corporations

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From:

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Account Number: 075350000514 ; (727)442-1200

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BE KARA FORD, D.M.D., P.L.L.C.

Certificate of Status	0
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Corporate Filing Menu

Y SILVER

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE KARA FORD, D.M.D, P.L.L.C.					
(Name of the Limited Liability Compan (A Florida Limited Li	y at it now app	ears on our records.)			
(A Piorida Linned Li	lability Company	7)			
The Articles of Organization for this Limited Liability Company v	were filed on	FEBRUARY 26, 20	20	and ass	signed
Florida document number		,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company	here:			
KARA FORD, D.M.D., P.L.L.C.					
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the	e designation "LLC" o	or the abbrev	iation "L	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
				-	
P-4					
Enter new mailing uddress, if applicable:			L. (L.)	2=2(
(Mailing address MAY BE A POST OFFICE BOX)	:			-	1;
			<u> </u>	22	
	<u>!</u> :		•	8	
B. If amending the registered agent and/or registered office ac	ddress on our	records, <u>enter tb</u>	e name of	the nev	v register
agent and/or the new registered office address here:			= :	=	
			<u> </u>	Č:	
Name of New Registered Agent:			<u>_</u>		
New Registered Office Address:	Entan 6	lorida street address			
	Liner	HANGER SINGER BEIGNESS			
		, Flori	ida	ip Code	
	City		2	ip Code	
New Registered Agent's Signature, if changing Registered Agent:					
thereby accept the appointment as registered agent and agree	e to act in thi	s capacity. I furth	ier agree i	to com	oly with th
provisions of all statutes relative to the proper and complete p					
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of					

If Changing Registered Agent, Signature of New Registered Agent

. 02/28/2020 12:50PM FAX

Ø10003/0004

or removed from our records: MGR = Manager AMBR = Authorized Member					
<u> Title</u>	Name	<u>Address</u>	Type of Action		
			□Add		
			□Remove		
			□ Change		
			□Remove		
			□Change		
			⊖Add		
			□Remove		
			Change		
			⊡Add		
			□Remove		
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			□Add		
			□ Remove		
			Change		

If ame	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe <u>Note:</u> I	re date, if other than the date of filing: ctive 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 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nt's effective date on the Department of State's records.
e record rd is file	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 d.
Dated _	FEBRUARY 27 2020
	Signature of a member or authorized representative of a member
	ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE
	Typed or printed name of signee

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