

L20000 253 878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

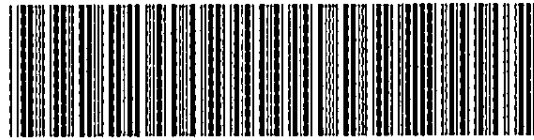
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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○ SIMMONS
DEC 01 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 11 16 10:49

November 14, 2020

ADAM GROMAK
504 S ARMENIA AVE
UNIT 1311
TAMPA, FL 33609

SUBJECT: PELICAN DENTAL MANAGEMENT
Ref. Number: L20000253878

We have received your document for PELICAN DENTAL MANAGEMENT and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK BOX TO INDICATE IF YOU ARE ADDING, REMOVING OR CHANGING MEMBERS LISTED ON PAGE 2 OF FILING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 220A00022840

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PELICAN DENTAL MANAGEMENT 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:

ADAM M GROMAK

Name of Person

Firm/Company

504 S ARMENIA AVE UNIT 1311

Address

TAMPA FL 33609

City/State and Zip Code

adamgromak@hotmail.com

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

For further information concerning this matter, please call:

ADAM M GROMAK

813 505-6125
at ()

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

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

PELICAN DENTAL MANAGEMENT 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 08/18/2020 and assigned
Florida document number L20000253878.

This amendment is submitted to amend the following:

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

PELICAN DENTAL MANAGEMENT LLC

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)

1180 PONCE DE LEON BLVD STE 801B

CLEARWATER FL 33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1180 PONCE DE LEON BLVD STE 801B

CLEARWATER FL 33756

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:

ADAM M GROMAK

New Registered Office Address:

1180 PONCE DE LEON BLVD STE 801B

Enter Florida street address

CLEARWATER

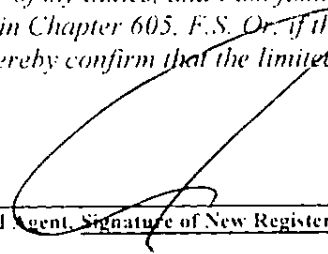
City

Florida 33756

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	ADAM M GROMAK	1180 PONCE DE LEON BLVD STE 801B	<input type="checkbox"/> Add
		CLEARWATER FL 33756	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JEFFREY FERRARA	1180 PONCE DE LEON BLVD STE 801B	<input checked="" type="checkbox"/> Add
		CLEARWATER FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONALD J NORKAS JR	1180 PONCE DE LEON BLVD STE 801B	<input checked="" type="checkbox"/> Add
		CLEARWATER FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

9:00

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 2ND, 2020

Signature of a member or authorized representative of a member

ADAM M GROMAK

Typed or printed name of signee

Filing Fee: \$25.00