

L20000359/64

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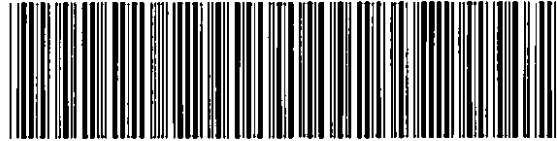
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**DATE: 9/14/21**

**NAME: WH FL DENTAL PLLC**

**TYPE OF FILING: AMENDMENT**

**COST: 60.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WH FL DENTAL PLLC

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:

CHARLOTTE M ROORK

Name of Person

MCDERMOTT WILL & EMERY LLP

Firm/Company

444 W LAKE ST STE 4000

Address

CHICAGO IL 60606

City/State and Zip Code

CROORK@MWE.COM

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

For further information concerning this matter, please call:

CHARLOTTE M ROORK

312 899-7286

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**

WH FL DENTAL PLLC

(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 11/12/2020 and assigned  
Florida document number L20000359164.

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)

702 SW 8TH ST  
MSC 0215  
BENTONVILLE, AR 72716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

702 SW 8TH ST  
MSC 0215  
BENTONVILLE, AR 72716

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TALLAHASSEE  
SECRETARY OF STATE

**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>
ASSISTANT CHIEF ADMINISTRATIVE OFFICER	READING, DAVID	702 SW 8TH ST MSC 0235	<input type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASSISTANT CHIEF ADMINISTRATIVE OFFICER	SARAH LITTLE	702 SW 8TH ST MSC 0215	<input checked="" type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER/ PRESIDENT	PARUAS, ADRIAN	702 SW 8TH ST MSC 0215	<input type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CHIEF ADMINISTRATIVE OFFICER	BYNUM, AMBER	702 SW 8TH ST MSC 0215	<input type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input type="checkbox"/> Remove
			<input checked="" 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

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Dated 9/14/2021 | 8:01:15 AM PDT

Designed by  
Charlotte Kent

Signature of a member or authorized representative of a member

CHARLOTTE ROORK, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fee: \$25.00**