

L21000145719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

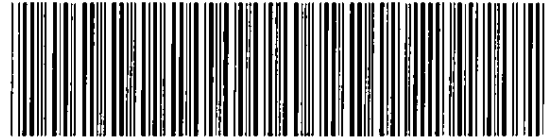
(Business Entity Name)

(Document Number)

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2023 JUN -5 PM 5:07
FILED
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cf 7/28/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alisa Kleiman DDS 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:

Alisa Cogan

Name of Person

Firm/Company

10338 Panama St.

Address

Cooper City, FL 33026

City/State and Zip Code

alisacogandds@gmail.com

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

For further information concerning this matter, please call:

Alisa Cogan

954 292-2383
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**

Alisa Kleiman DDS PLLC

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

2023 JUN -5 PM 5:07

The Articles of Organization for this Limited Liability Company were filed on March 29, 2021 and assigned
Florida document number L21000145719.

This amendment is submitted to amend the following:

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

Alisa Cogan DDS 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)

10338 Panama St.

Cooper City, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10338 Panama St.

Cooper City, FL 33026

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:

Alisa Cogan

New Registered Office Address:

10338 Panama St.

Enter Florida street address

Cooper City

City

Florida 33026

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.

Alisa Cogan

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	Alisa Cogan	10338 Panama St.	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alisa Kleiman	10338 Panama St.	<input type="checkbox"/> Add
		Cooper City, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am requesting to change the name of my business from my maiden name Alisa Kleiman DDS to my married
name Alisa Cogan DDS.

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 _____, _____.

Alisa Cogan

Signature of a member or authorized representative of a member

Alisa Cogan

Typed or printed name of signee