

L21666369 128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

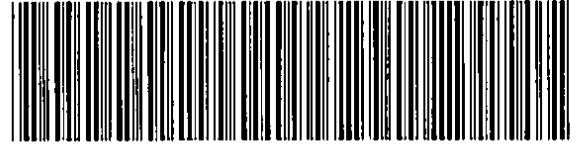
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2023 JUL 18
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TALLAHASSEE

40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2023

MICHAEL VRACAR II
2213 GREYSTONE LN.
TALLAHASSEE, FL 32312

SUBJECT: REDEMPTION ORTHODONTICS LLC
Ref. Number: L21000369728

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

The specific purpose of the entity must be set forth in the document.

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) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 623A00015292

RECEIVED
2023 JUL 18 AM 10:39
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redemption Orthodontics 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:

Michael Vracar II

Name of Person

Firm/Company

2213 Greystone Ln

Address

Tallahassee, FL 32312

City/State and Zip Code

michaelvracar@gmail.com

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

For further information concerning this matter, please call:

Christina McGinnis

850

782-3232

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**

REDEMPTION ORTHODONTICS, 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 AUGUST 17, 2021 and assigned
Florida document number L21000369728.

This amendment is submitted to amend the following:

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

REDEMPTION ORTHODONTICS, 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: Michael E. Vracar II

New Registered Office Address: 2213 Greystone Lane

Enter Florida street address

Tallahassee, Florida 32312

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

[illegible]

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

The original filing by a previous CPA was incorrect as a "LLC". Upon review by a new CPA/attorney, it was discovered we needed to amend the type of business to a "PLLC". This update request is to move from a "LLC" to a "PLLC".

The purpose of Redemption Orthodontics, is to provide dental & orthodontic care to patients seeking treatment.

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 May 5, 2023


Signature of a member or authorized representative of a member

Michael Vracar
Typed or printed name of signer