

L21000423094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

4085-



100386424831

01 28 22--01 15--025 \*\*35.00

2022 AUG 15 PM 1:46

8/20/2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

DWIC PRACTICE MANAGEMENT, L.L.C.

**NAME OF CORPORATION:** \_\_\_\_\_

1.21000423094

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK R. HOLMES

\_\_\_\_\_  
(Name of Contact Person)

DWIC PRACTICE MANAGEMENT, L.L.C.

\_\_\_\_\_  
(Firm/ Company)

4240 WEST KENNEDY BLVD

\_\_\_\_\_  
(Address)

TAMPA, FL 33609

\_\_\_\_\_  
(City/ State and Zip Code)

mark.r.holmes@dentalwalkin.com

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

For further information concerning this matter, please call:

Mark R. Holmes

(727) 204-9379

\_\_\_\_\_  
(Name of Contact Person)

at

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2022

MARK R HOLMES  
4240 WEST KENNEDY BOULEVARD  
TAMPA, FL 33609

AUG 15 2022

SUBJECT: DWIC PRACTICE MANAGMENT, L.L.C.  
Ref. Number: L21000423094

We have received your document for DWIC PRACTICE MANAGMENT, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 022A00013731

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

DWIC PRACTICE MANAGEMENT, LLC

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

2022 AUG 15 PM 1:47

The Articles of Organization for this Limited Liability Company were filed on 9/24/2021 and assigned  
Florida document number L21000423094.

This amendment is submitted to amend the following:

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

DWIC PRACTICE MANAGEMENT, L.L.C.

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:

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

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

This image shows a single page from a notebook or ledger. It features ten evenly spaced, horizontal black lines running across the width of the page. The lines are thin and uniform, providing a guide for writing. There is no handwriting or other markings present on the page.

(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)

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 August 1, 2022.

$f^{-1} \times$

Signature of a member or authorized representative of a member

Mark R. HOLMES

Typed or printed name of signee