

121000 444779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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21 OCT -9 2110:40

T. MATTHEWS

DEC 14 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 DEC -3 PM 8:13

November 2, 2021

JONATHAN BUNTE  
3221 CONWAY RD STE D  
ORLANDO, FL 32812

SUBJECT: FLORIDA DENTAL ASSISTING ACADEMY, LLC  
Ref. Number: L21000444779

We have received your document for FLORIDA DENTAL ASSISTING ACADEMY, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews  
OPS

Letter Number: 821A00026685

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA DENTAL ASSISTING ACADEMY, 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:

JONATHAN BUNTE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3221 CONWAY RD STE D

\_\_\_\_\_  
Address

ORLANDO, FL 32812

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

JONATHAN@OPERATIONDENTAL.COM

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

For further information concerning this matter, please call:

JONATHAN BUNTE

407

487-9188

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

21055-3 2310:40

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_, Florida \_\_\_\_\_  
*City* *Zip Code*

**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**

[illegible]

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

PLEASE FIX THE SPELLING ERROR UNDERE MARK HOLIFIELD

21 OCT -3 7:16:40

PLEASE ALSO RMEOVE THE OTHER PROVISIONS "MANAGER MANAGED, LLC".

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

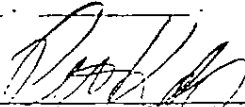
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 18

2021



Signature of a member or authorized representative of a member

PETER KELLY

Typed or printed name of signee