# LZZ000012645

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# **COVER LETTER**

TO: Registration S Division of Co		TV Y	. *
	JEMEYER DENTISTRY LLC	A 1	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	James Burnett		
		Name of Person	
	Robert H. Montgomery, III	, Esq. P.C.	
		Firm/Company	
	230 S Broad St Ste 305		
		Address	
	Philadelphia, PA 19102		
	James@RMontgomery-Law	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
James Burnett		215 731-1404 x	
Name	of Person	Area Code Daytir	ne 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)	S60.00 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

S. R. LUTJEMEYER DENTISTRY L	LC	S
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L22000012645	oility Company were filed on January 5, 2022	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
S. R. LUTJEMEYER DENTISTRY PLLC		
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<del></del>
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter the name</u> here:	e of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

## 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.

City

Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

the provisions of the Profes	ssional Service Corporations and Limited Liability Companies Act	
by amending the entity's na	ime from S. R. LUTJEMEYER DENTISTRY LLC to	
S. R. LUTJEMEYER DEN	TISTRY PLLC.	
		<del> </del>
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tive date, if other than the	nust be specific and cannot be prior to date of filing or more than 90 days after filing	.) Pursuant to 605.0
If the date inserted in this	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed
	~ ,	
	tive date, but not an effective time, at [2:01 a.m. on the earlier of: (b) The	ie 90th day after
iled.		
March 9	2022	
	M. Carre	
- 110m //	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00