

22000185 740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2022 NOV -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations

Bite Pediatric Dentistry, LLC

Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

Jorman Orlando Garcia

Name of Person

Bite Pediatric Dentistry

Firm/Company

15358 NW 79th Ct

Address

Miami Lakes, FL 33016

City/State and Zip Code

bitedmd@gmail.com

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

r information concerning this matter, please call:

arcia

305

557-7557

at ()

Name of Person

Area Code

Daytime Telephone Number

s a check for the following amount:

0 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

**TO
ARTICLES OF ORGANIZATION
OF**

Bite Pediatric Dentistry, LLC

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

Articles of Organization for this Limited Liability Company were filed on 04/19/2022 and assigned document number 1.22000185740.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

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

Principal office address, if applicable:

15358 NW 79th Ct

(office address MUST BE A STREET ADDRESS)

Miami Lakes, FL 33016

Mail address, if applicable:

15358 NW 79th Ct

(address MAY BE A POST OFFICE BOX)

Miami Lakes, FL 33016

Changing 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:

15358 NW 79th Ct

Enter Florida street address

Miami Lakes

City

Florida 33016

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

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TALLAHASSEE, FL

Manager
= **Authorized Member**

[illegible]

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

ive date, if other than the date of filing: _____ (optional)

ective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.

nd 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
led.

November 1, 2022

Signature of a member or authorized representative of a member

Jorman Orlando Garcia

Typed or printed name of signer