## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000072776 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PASADENA DENTAL CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help

K. Brumbles

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pasadena Dental Center 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 02/13/23	and	l assign	ed
Florida document number <u>L23000080400</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<del></del>		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	me of the	new r	egisterec
are the united the register to ourse was to		73 F	
	:[		
Name of New Registered Agent:		<del></del>	震烈
New Registered Office Address:	<u> </u>	<del>-0</del>	
Enter Florida street address	•	<u>⊐</u> .	<u>.                                    </u>
Florida	: -	<u>ယ</u>	
City	Zip C	oden	

## 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 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
MGR	PASADENTAL LLC	7901 4TH ST N STE 300	
		PETERSBURG, FL 33702	□Remove
			Change
			□Add
			□ Remove
			[]Change
	****		□Add
			□Remove
			☐ Change
***************************************	WEIGHT.		
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

-	
-	
•-	
-	
_	
-	
-	
_	
_	
_	
_	
_	
ecti	ve date, if other than the date of filing:
i chic <u>te:</u>	edive 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 605 020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
uino	ent's effective date on the Department of State's records.
cord	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
s file	
ed_	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00