

From: Danielle Sonntag
10/20/23, 2:31 PM

Fax: 18132518715

To:

Fax: (850) 617-6383

Page: 1 of 5

10/24/2023 3:39 PM

Division of Corporations

H230003675393

L 230003675393
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000367539 3))



H230003675393ABC5

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 : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

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

Email Address: maryawadallah@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARY ROSE D.D.S., P.L.L.C.**

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

S. 1. 1.

OCT 25 2023

Electronic Filing Menu

Corporate Filing Menu

Help

H230003675393

COVER LETTER**H230003675393****TO: Registration Section
Division of Corporations****SUBJECT: Mary Rose D.D.S., P.L.L.C.**

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:

Ghada Skaff

Name of Person

Lieser Skaff Alexander

Firm/Company

403 North Howard Ave

Address

Tampa, FL 336906

City/State and Zip Code

maryawadallah@gmail.com

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

For further information concerning this matter, please call:

Ghada Skaff

813

280-1256

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**H230003675393**

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

Mary Rose D.D.S., P.L.L.C.

(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 03/31/2023 and assigned
Florida document number L23000149395.

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 abbreviation "L. L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

302 North Howard Ave

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

302 North Howard Ave

Tampa, FL 33606

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:

Mary Awadallah

New Registered Office Address:

302 North Howard Ave

Enter Florida street address

Tampa

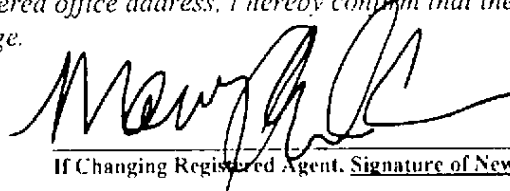
City

Florida 33606

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H230003675393

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mary Awadallah	302 N Howard Ave	<input type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H230003675393

Page 2 of 3

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

[illegible]

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 10/20/23

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Mary Awadallah

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

H230003675393