

LA30007-1191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

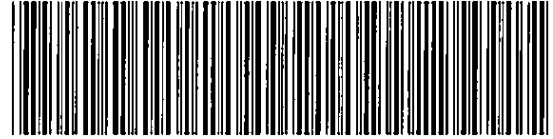
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100420297921

12/15/23--01026--012 \*\*25.00

2023-12-15 10:10:10

*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESI DENTISTRY NORTH TAMPA, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. ALEXANDER MOGHADASI

Name of Person

RYAN CONSULTING GROUP, P.A.

Firm/Company

8875 HIDDEN RIVER PARKWAY, SUITE 300

Address

TAMPA, FL 33637

City/State and Zip Code

dr.esi@esidentistry.com

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

For further information concerning this matter, please call:

S. Alexander Moghadasi

813 448-1280  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ESI DENTISTRY NORTH TAMPA, PLLC

(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 APRIL 10, 2023 and assigned Florida document number L23000171181.

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)

4917 Ehrich Road

Suite 100

Tampa, FL 33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4917 Ehrich Road

Suite 100

Tampa, FL 33624

**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:

RYAN CONSULTING GROUP, P.A.

New Registered Office Address:

8875 HIDDEN RIVER PARKWAY, SUITE 300

*Enter Florida street address*

TAMPA

*City*

Florida 33637

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PARADIS S. ESFANDIARI	4917 Ehrlich Road	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Tampa, FL 33624	<input checked="" type="checkbox"/> Change
AMBR	MICHAEL J. FABIAN	4917 Ehrlich Road	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Tampa, FL 33624	<input type="checkbox"/> Change
AMBR	MAURICE T. SROUR	4917 Ehrlich Road	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Tampa, FL 33624	<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

[illegible]

(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)

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.

$$\frac{12}{x} \div \frac{7}{23}$$

Signature of a member or authorized representative of a member

PARADIS ESFANDIARI  
Typed or printed name of signee