

L23000513604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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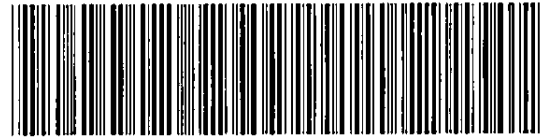
(Business Entity Name)

(Document Number)

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2024 OCT 28 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/28/24--01007--009 \$25.00

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2024 OCT 28 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA HEALTH DENTAL, LLC

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:

AMAURY ALBERTO

Name of Person

ALBERTO & COMPANY LLC

Firm/Company

6600 COW PEN RD SUITE 260

Address

MIAMI LAKES, FLORIDA 33014

City/State and Zip Code

AJ@ALBERTOCO.COM

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

For further information concerning this matter, please call:

AMAURY ALBERTO

786 416-0829  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2024 OCT 28 AM 9:14

FLORIDA HEALTH DENTAL, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 13, 2023 and assigned  
Florida document number L23000513604.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: ALBERTO & COMPANY, LLC

New Registered Office Address: 6600 COW PEN ROAD SUITE 260

*Enter Florida street address*

MIAMI LAKES, Florida 33014

*City*

*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.*

*[Signature]*  
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>
MGR	GUERRERO LAW GROUP PLLC	6600 COW PEN ROAD SUITE 260	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CELIA FIGUEROA DDS.	2664 TAMiami TRAIL E	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 OCT 28 AM 9:14  
PORT OF TAMPA  
TALLAHASSEE, FLORIDA

2024 OCT 28 AM 9:14  
PART OF STATE  
TALLAHASSEE, FLORIDA

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(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)

Dated 16/20/2024

Colin Ferguson

Typed or printed name of signee

**Filing Fee: \$25.00**