

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZEPEDA & ASSOCIATES CPA, P.A.
Account Number : I20230000185
Phone : (954)473-4332
Fax Number : (954)533-4401

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
BUJILA PERIODONTICS AND IMPLANT SURGERY L.L.C.

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May 15, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BUJILA PERIODONTICS AND IMPLANT SURGERY L.L.C.

26131 PALACE LN

101

BONITA SPRINGS, 34135

SUBJECT: BUJILA PERIODONTICS AND IMPLANT SURGERY L.L.C.

REF: L24000063582

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000174348
Letter Number: 924A00010620

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUJILA PERIODONTICS AND IMPLANT SURGERY 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 02/05/2024 and assigned
Florida document number L24000063582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUJILA PERIODONTICS AND IMPLANT SURGERY P.L.L.C.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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

The purpose of the business is to provide dental
services.

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 (5)(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 MAY 13TH 2024

Byyuna Ana

Signature of a member or authorized representative of a member

ANA RUJILA

Typed or printed name of signer