# L24000 172493

(Requestor's Name)				
DDA)	dress)	_		
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(City	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE JUN 18 <sup>2024</sup>			

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### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/17/2024

NAME: CASTILLO DENTAL, P.L.L.C.

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

PUHO

#### **COVER LETTER**

	ivision of Cor						
SUBJECT	CASTILLO	CASTILLO DENTAL, P.L.L.C.  Name of Limited Liability Company					
SOBJECT	•						
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	m all correspo	ndence concerning this matter	to the following:				
		KERRY ANNE SCHULT	Z				
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
	SCHULTZ LAW GROUP, P.L.L.C.						
		<del></del>	Firm/Company				
		2777 GULF BREEZE PAI	RKWAY				
		<del></del>	Address				
		GULF BREEZE, FLORIDA 32563					
			City/State and Zip Code	<del></del>			
		KASCHULTZ@SCHULTZ					
		E-mail address: (	to be used for future annual repor	t notification)			
For further	information c	oncerning this matter, please co	all:				
Name of Person		850 754-160 at ( )					
		Area Code Da	aytime Telephone Number				
Enclosed is	s a check for th	ne 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)			
	ailing Addres		Street Addres Registration				
D	ivision of C	orporations	Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 Str. 17 17 19 21 40

CASTILLO DENTAL, P.L.L.C.			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000172493</u>	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6150 VILLAGE OAKS DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	S) PENSACOLA, FL 32504		
Enter new mailing address, if applicable:	6150 VILLAGE OAKS DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA, FL 32504		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zin 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>	Address	Type of Action
MBR	Joseph JV M. Castillo, D.M.D.	6150 VILLAGE OAKS DRIVE	
		PENSCOLA, FL 32504	□Remove
			<b>⊞</b> Change
MBR	Emilee Madison Castillo, D.M.D.	6150 VILLAGE OAKS DRIVE	
		PENSCOLA, FL 32504	□Remove
			■Change
			□Add
			□Remove
			☐ Change
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Effective date, if other than the date fan effective date is listed, the date must be s	of filing:	ior to date of filing o	(option	ial)
<b>Note:</b> If the date inserted in this block d	loes not meet the app	licable statutory f	iling requirements, this	date will not be listed as
locument's effective date on the Depart	ment of State's recor	ds.		
record specifies a delayed effective date	e, but not an effective	etime at 12:01 a	m on the earlier of: (h)	The 90th day after the
d is filed.	, out not un oncom	o milo, al 15.01 a.	in on the carret or. (b)	The 90th day after the
June 14	2024			
Dated		·		
9	osaph JV W	N. Castill	<b>9</b>	
Sign	ature of a member or au	thorized representa	tive of a member	

Filing Fee: \$25.00

#### **COVER LETTER**

	stration Session of Cor				
SUBJECT:	CASTILLO	DENTAL, P.L.L.C.			
Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing		
		ndence concerning this matter	_		
		KERRY ANNE SCHULTZ			
			Name of Person		
	SCHULTZ LAW GROUP, P.L.L.C.				
			Firm/Company		
		2777 GULF BREEZE PA	RKWAY		
			Address		
		GULF BREEZE, FLORID	OA 32563		
			City/State and Zip Code	<del></del>	
		KASCHULTZ@SCHULTZ	ZLAWGRP.COM to be used for future annual report notif	<del></del> -	
For further inf	formation co	oncerning this matter, please c		ncauon)	
KERRY AND	VE SCHUL	TZ	850 754-1600		
Name of Person		at ()	e Telephone Number		
Enclosed is a	check for th	e following amount:			
□ <b>\$</b> 25.00 Fi	ling 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)	
	ing Addressistration S		Street Address: Registration Sec	ction	
Divi	sion of C	orporations	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303