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(Requestor's Name)

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(City/State/Zip/Phone #)

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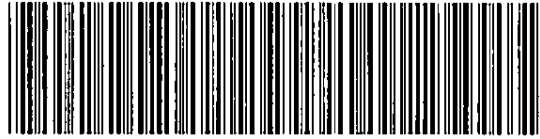
(Business Entity Name)

(Document Number)

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JULIA J. GIBSON



November 4, 2024

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Articles of Amendment to Article of Organization of Ideal Dental St Johns, PLLC-Filed
June 13, 2024 (Document No. L 24000270229)

Dear Registration Professional:

Enclosed please find an original and a copy of Articles of Amendment to Article of
Organization of Ideal Dental St Johns, PLLC along with a check for the filing fee of \$55.00
(\$25.00) and return of a certified copy (\$30.00) in the enclosed self-addressed, postage pre-
paid envelope.

If there are any concerns or questions, please contact me.

A handwritten signature in black ink that reads "William Harriger". The signature is fluid and cursive, with the first name "William" being more prominent than the last name "Harriger".

William Harriger
General Counsel
Deca Dental Group
12750 Merit, Suite 1100
Dallas, Texas 75251
Wharriger@decadental.com
(214) 669-9232

1 2 3 4

Division of Corporations

SUBJECT:

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:

William Harriger

Name of Person

DECA Dental Management, LLC

Firm/Company

12750 Merit, Suite 1100

Address

Dallas Texas 75251

City/State and Zip Code

Wharriger#decadental.com

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

For further information concerning this matter, please call:

William Harriger

214 669 9232
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**

Ideal Dental St Johns, 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 June 13, 2024 and assigned
Florida document number L24000270229.

This amendment is submitted to amend the following:

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

Ideal Dental Beachwalk, PLLC

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[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)

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.

Dated _____, _____.

Sulman Ahmed, DMD

Typed or printed name of signee