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2024 JUL 30 PM 5:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blat Cohen Orthodontics, 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:

Steven Wallace, Esq.

Name of Person

Steven E. Wallace, PL

Firm/Company

2500 Quantum Lakes Drive #203

Address

Boynton Beach, Florida 33426

City/State and Zip Code

wallacelaw1@me.com

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

For further information concerning this matter, please call:

Steven E. Wallace, Esq.

561 400-3896

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

BLAIR COHEN ORTHODONTICS, LLC

(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 July 8, 2024 and assigned
Florida document number 124000303530

This amendment is submitted to amend the following:

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

Blair Cohen Orthodontics, 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)

4328 Forest Hill Blvd
West Palm Beach FL 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4328 Forest Hill Blvd
West Palm Beach FL 33406

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

City, Florida

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

2024 JUN 30 PM 5:20

MGR = Manager
AMBR = Authorized Member

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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

This limited liability company shall be a Professional Limited Liability Company governed under

Chapter 621, Florida Statutes. The sole purpose of this Professional Limited Liability Company shall be

the practice of dentistry with the specialty of orthodontics, as such practice is regulated under

Chapter 466, Florida Statutes. All members of this Professional Limited Liability Company shall be licensed to

practice dentistry in the State of Florida and possess the necessary licensure and/or qualifications to practice

the specialty of orthodontics.

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 (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.

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 July 18 , 2024



Signature of a member or authorized representative of a member

Blair A. Cohen

Typed or printed name of signer

Filing Fee: \$25.00