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(((H25000041276 3)))



H250000412763ABC.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEDIATRIC DENTAL CENTERS OF FLORIDA, LLC

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K. SALY

FEB - 4 2025

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COVER LETTER H25000041276 TO: Registration Section Division of Corporations Pediatric Dental Centers of Florida, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa Murphy, Paralegal Name of Person Dykema Gossett PLLC Firm/Company 112 E. Pecan Street, Suite 1800 Address San Antonio, Texas 78205 City/State and Zip Code pdcflorida@pediatricdentalcenters.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Murphy 554-5317 Area Code Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$55 Filing Fee & □ \$60 Filing Fee, □\$25 Filing Fee ☐ \$30 Filing Fee & Certified Copy Certificate of Status & Certificate of Status Certified Copy

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STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

H25000041276

Pursuar	nt to section 6	05.0209, F.S., this document is being submitted to correct a previously file					
<u>FIRST</u>	: The name of	f the limited liability company is: Pediatric Dental Centers of Florida, LLC					
SECO!	——————————————————————————————————————	Florida Document number of the limited liability company is:	09351				
		cument to be corrected is: Articles of Organization For Florida Limited Lia	ability Company				
	(CHEC	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICAB	LE STATEMENT				
) \$3	statement are	incorrect statement. The incorrect statement, the reason the statement is in e as follows: office address, the mailing address and the street address of the registered agent victors of Organization.					
	As corrected	As corrected, the LLC's principal office address is 2645 SW 37th Ave., Ste 703, Miami, Florida 33133. As corrected, the LLC's mailing address and is 2645 SW 37th Ave., Ste 703, Miami, Florida 33133.					
	As corrected,	the street address of the LLC's registered agent is 2645 SW 37th Ave., Ste 703, Mi	fiami, Florida 33133.				
	OR Was defective as follows:	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are					
			2825 F	n			
	<u>OR</u>		FEB -3	_ _			
	The electron	nic transmission of the record was defective. Decus igned by: 2/2/20	1025 E. T. C. 42	(
	8		3				
	ire of new reg	istered agent, if applicable: (NOTE: if correcting the registered agent, the ation).	new registered agent must sign				
I herebj provisio obligati	y accept the a ons of all stati ions of my pos a change in th	nt's Signature, if changing Registered Agent; appointment as registered agent and agree to act in this capacity. I further the state of the proper and complete performance of my duties, and I as sition as registered agent as provided for in Chapter 605, F.S. Or, if this desire registered office address, I hereby confirm that the limited liability companies by:	im familiar with and accept the locument is being filed to merely	,			
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	1107000011070				

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