

P9800000 20820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

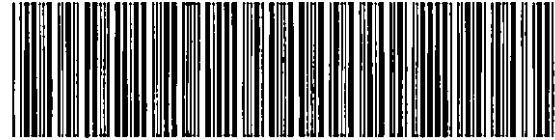
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/19--01014--009 **110.00

2019 OCT 14 PM 2:43

RECEIVED
OCT 14 2019



5706 Benjamin Center Drive
Suite 103
Tampa, FL 33634
813.288.1999

October 11, 2019

SENT VIA FEDERAL EXPRESS MAIL

Florida Department of State
Amendment Division
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendments

Dear Sir/Madam:

Enclosed is an Application by Foreign LLC to File Amendment to Certificate of Authority to Transact Business in Florida for Intelident Solutions, LLC along with an Articles of Amendment to Articles of Organization of Coast Dental, P.A.

Also enclosed is a check (#102742) made payable to the Division of Corporations for the filing fees totaling \$110.00 and a self-addressed, prepaid Federal Express envelope.

Please return all correspondence concerning this matter to Stephanie Bies in the enclosed Federal Express envelope. If you have any questions, please feel free to contact me at (813) 288-1999.

Sincerely,

Stephanie Bies, Paralegal II

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coast Dental, P.A.

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:

Stephanie Bies

Name of Person

Coast Dental, P.A.

Firm/Company

5706 Benjamin Center Drive, Suite 103

Address

Tampa, FL 33634

City/State and Zip Code

legalgroup@coastdental.com

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

For further information concerning this matter, please call:

Stephanie Bies

813 288-1999

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2010 OCT 14 PM 2:43

Coast Dental, P.A.

(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 March 4, 1998 and assigned Florida document number P98000020820.

This amendment is submitted to amend the following:

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

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>
CFO	Elizabeth Szeltner	5706 Benjamin Center Drive, Suite 103	<input checked="" type="checkbox"/> Add
		Tampa, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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