L25000093351

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEDIATRIC DENTAL CENTERS OF FLORIDA, LLC

Certificate of Status	0
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K. SALY

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COVER LETTER

H25000041276

TO: Registration Section
Division of Corporations

SUBJECT: Pediatric Dental Centers of Florida, LLC
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 at (210) 554-5317
Name of Person — Area Code — Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

H25000041276

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Pediatric Dental Centers of Florida, LLC

SECOND: The Florida Document number of the limited liability company is: L25000009351

THIRD: Document to be corrected is: Articles of Organization For Florida Limited Liability Company

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The principal office address, the mailing address and the street address of the registered agent were erroneously listed in the LLC's Articles of Organization.

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, Miami, Florida 33133.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

DocuSigned by:
[redacted] 2/2/2025
Signature of Authorized Representative Date

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2025 FEB -3 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

DocuSigned by:
[redacted]
Registered Agent's Signature

Filing Fee: **$25.00**
Certified Copy: **$30.00 (optional)**

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