

L14000108164

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

****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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14 OCT 29 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DENTAL FIX MEXICO, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 29 AM 7:27

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Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DENTAL FIX MEXICO, L.L.C

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

fedeflores@me.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323) 962-8600 ext 7950

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

DENTAL FIX MEXICO, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/08/2014 and assigned Florida document number L14000108164

This amendment is submitted to amend the following:

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

DF Mexico LLC

The new name must be distinguishable and end with 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)

Blank lines for principal office address

Enter new mailing address, if applicable:

(Mailing address MAYBE A POST OFFICE BOX)

Blank lines for mailing address

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:

Blank line for name of new registered agent

New Registered Office Address:

Blank line for new registered office address

Enter Florida street address

Blank lines for City, Florida, and 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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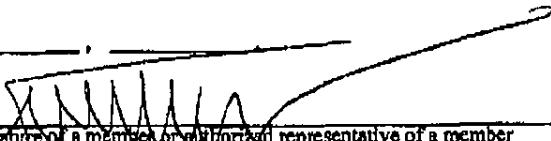
10/28/2014 15:20 GW PUB/BRANDMK

(FAX)13019612092

P.005/005

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/28/2014 _____



Signature of a member or authorized representative of a member

Federico Flores Navarro Flores

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA