1170000 37231

(Requestor's Name)
(Áddress)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section of Control		· · · · · · · · · · · · · · · · · · ·	
	Dental Management Group LLC	2	3.
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	پي
	Frank Espinosa		
		Name of Person	
	Den Vest Management Gr	roup LLC	
		Firm/Company	
	3350 SW 148 Ave Suite 1.	34	
		Address	
	Miramar Fl 33027		
	frankAespinosa@hotmail.c	City/State and Zip Code om	
		(to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Frank Espinosa		305 992-8829 at ()	
Name o	of Person	Area Code Daytime Telephone Number	-
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, 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

Den Vest Dental Management Group 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 <u>02/15/2017</u>	and assigned
Florida document number L17000037231		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Den Vest Management Group LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e 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 off registered agent and/or the new registered office address here		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	121	
	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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□ Remove
			Change
			□ Remove
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			Change
			□ Remove
		·	Change
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			□ Remove
			□ Change

-	
	- -/
	06/19/2019
E. Effective date, i	f other than the date of filing: (optional)
(If an effective date is	s 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
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records.
document 3 check	are dute on the Department of State & records.
If the record spec	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
b) The 90th day	y after the record is filed.
f 10	2010
Dated June, 19	$\frac{2019}{2019}$
	Signature of a member or authorized representative of a member
Frank	Espinosa
	Typed or printed name of signee

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

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Filing Fee: \$25.00