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L130000073265

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

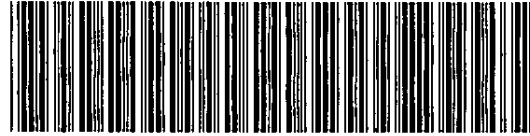
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 27 2013  
EXAMINER

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: **TLC Dental Handpiece Repair, LLC**  
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:

**Tralinda Camm**

Name of Person

**TLC Dental Handpiece Repair, LLC**

Firm/Company

**123 Peace River Ct.**

Address

**Groveland, FL 34736**

City/State and Zip Code

**tlcdentalrepair@icloud.com**

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

For further information concerning this matter, please call:

**Tralinda Camm**

Name of Person

at **(352) 404-6395**

Area Code & Daytime Telephone Number

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SECRETARY OF STATE

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**

**TLC Dental Handpiece Repair, 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 5/20/2013 and assigned  
Florida document number L13000073265.

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 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)**

123 Peace River Ct  
Groveland, FL 34736

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

123 Peace River Ct  
Groveland, FL 34736

**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:

Tralinda Camm

New Registered Office Address:

123 Peace River Ct

*Enter Florida street address*

Groveland

*City*

, Florida 34736

*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 608, 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.*

Tralinda Camm  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

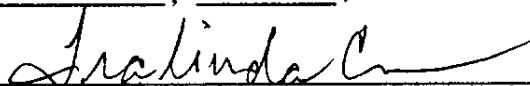
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2013 APR 26 3:33  
STATEMENT OF WORK  
TALLAHASSEE, FLORIDA

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

Please add EIN # 46-2803319

Dated 8-22, 2013



Signature of a member or authorized representative of a member

Tralinda Camm

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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