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S. WARREN
JUN 0 1 2017

- COVER LETTER ·

SUBJECT: 700 N Second Avenue BLG 202 CCC 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: Ada C. Farruga Name of Person Comfort Dental Implant Firm/Company 700 2nd Ave N Suite 202 Address Vapla FL 34102 City/State and Zip Code Name of Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amana Hananar at (239) 216-02-90 Name of Person Area Code Daytime Telephone Number	Division of Corpor	rations		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### According to the following: #### According to the following: #### According to the following: #### According to the following: ###################################	SUBJECT: 700	N Second	Avenue	BL6 202 "LLC"
Please return all correspondence concerning this matter to the following: Alan C. Farrugia Name of Person COMFOST Dental Implant Firm/Company 700 2nd Ave N Suite 202 Address Wayls FL 34102 City/State and Zip Code Na bles implant @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amara Hernander Name of Person at (239) Area Code Daytime Telephone Number		Name of Limit	ed Liability Company	
Please return all correspondence concerning this matter to the following: Alan C. Farrugia Name of Person COMFOST Dental Implant Firm/Company 700 2nd Ave N Suite 202 Address Wayls FL 34102 City/State and Zip Code Na bles implant @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amara Hernander Name of Person at (239) Area Code Daytime Telephone Number				
Address Waple FL 34102 City/State and Zip Code Name of Person For further information concerning this matter, please call: Mara Herander Area Code Name of Person	The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Confort Vental Implant Firm/Company Too 2nd Ave N Suite 202 Address Wapts FL 34102 City/State and Zip Code Na bles implant @ amail. wom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: [Amara Hernander at (239) 216-02-90] Name of Person Area Code Daytime Telephone Number	Please return all corresponde	<u>-</u>	~	
Confort Vental Implant Firm/Company Too 2nd Ave N Suite 202 Address Wapts FL 34102 City/State and Zip Code Na bles implant @ amail. wom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: [Amara Hernander at (239) 216-02-90] Name of Person Area Code Daytime Telephone Number		Man	C. Farru	gia
Address Waple FL 34102 City/State and Zip Code Nables implant @ amail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amara Hernance at (239) 216-02-90 Name of Person Area Code Daytime Telephone Number		COMFOI	7 Dental Firm/Company	Implant.
For further information concerning this matter, please call: Amara Hernander at (239) 246-02-90 Name of Person Area Code Daytime Telephone Number		700 2r	Address	Suite 202
For further information concerning this matter, please call: Amara Hernander at (239) 246-02-90 Name of Person Area Code Daytime Telephone Number		Waple	PL 3	4102
For further information concerning this matter, please call: Amara Hernander at (239) 246-02-90 Name of Person Area Code Daytime Telephone Number		nable E-mail address: (to	City/State and Zip Code Simplant be used for future annual re	e gmail. com
Name of Person at (239) 216-02-90 Area Code Daytime Telephone Number	For further information cond	cerning this matter inlease cal	II:	,
		_		
	'amara H	Linandez	at (<u>239</u>)	26-02-10
	Name of Pe	erson	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	Enclosed is a check for the t	following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

TO:

Registration Section

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

100 N SECOND A	TUE NUE	BL6 202	"LLC"	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appea ited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	any were filed on 上	2017	and assigned	
The Articles of Organization for this Limited Liability Comp Florida document number <u>-17000 1103 73</u> .		J		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company ho	ere:		
700 N SECOND AVEN	JUZ BLG	202 L	LC	
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	lesignation "LLC" or the ab	breviation "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)				
			<u></u>	
B. If amending the registered agent and/or registered	l office address on	our records, enter	the name of the no	ev
registered agent and/or the new registered office address l	<u>here</u> :			
Name of New Posistened Assets				
Name of New Registered Agent:		<u></u>		
New Registered Office Address:	E.A. El	I do al		
	Enter r tor	ida street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Age	•		zip Code	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl	igree to act in this c ete performance of	capacity. I further agr mv duties, and I am f	ee to comply with th amiliar with and	e
accept the obligations of my position as registered agent a	as provided for in C	hapter 605, F.S. 🞉	if this document is.	
being filed to merely reflect a change in the registered off. company has been notified in writing of this change.	ice address, I hereb	y confirm that the lip	iited H ibility	
company has oven notified in writing of this change.			730 730	•
		רדו בדו	11.EE	
If C	Changing Registered Ag	ent, Signature of New Res	eistered 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 **Title Name Address** Type of Action TAMARA HERNANDEZ 5710 N Davis Hyy
Persacola 71 32503 AR □ Add Remove Change ALAN C. Farrugia 5710 N Davis Huy XAdd Pensacola Pl 32503 DRem ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove □ Change

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