

L06000050972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

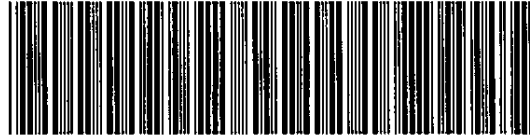
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600287340636

07/13/16--01023--013 **90.00

2016 JUL 13 A 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 14 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Whitefishloma, 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:

Maria Viadero
Name of Person
Whitefishloma/Central Florida Dental Lab
Firm/Company
1180 Spring Center S blvd suite 221
Address
Altomonte springs ,FI 32714
City/State and Zip Code
cfdentallab@yahoo.com
E-mail address: (to be used for future annual report notification)

2018 JUL 13 A 8:58
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Maria Viadro 407 373-5537
Name of Person at () 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**

Whitefishloma, 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 May 5 2006 and assigned Florida document number L06000050972.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1180 Spring center S blvd suite 221

(Principal office address MUST BE A STREET ADDRESS)

Altomonte Springs Fl

32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Maria Viadero

New Registered Office Address:

1180 Springs Center S blvd

Enter Florida street address

altomonte Springs

Florida

City

32714

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

FILED
2016 JUL 13 A 3:58
SECTION 1301
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Miguel Viadero	5777 Prentiss way	<input type="checkbox"/> Add
		Oviedo, Fl 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anelisa Viadero	5777 Prentiss Way	<input checked="" type="checkbox"/> Add
		Oviedo, Fl 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

OFFICE OF THE TARRANT OF STATE
 TALLAHASSEE, FLORIDA
 2008 JUL 03 AD 8:50
 FILED

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

FILED
 2016 JUL 13 A 8: 58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

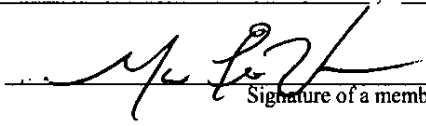
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated 7/01/2016 _____



 Signature of a member or authorized representative of a member

Maria Viadero

 Typed or printed name of signee