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(Address)

(Address)

(City/State/Zip/Phone #)

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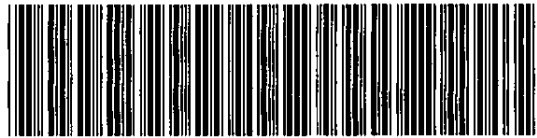
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 24 AM 2:26

T. HAMPTON
MAY 25 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dagre Dental Solutions, 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:

Gretchen B. Powers
Name of Person
Royal VI Insurance Group L.L.C.
Firm/Company
4733 N.E. 11th Avenue
Address
Fort Lauderdale, Florida 33334
City/State and Zip Code
GretchenBeth@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gretchen B. Powers at (954) 491-3892
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**

Dagre Dental Solutions L.L.C.

(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 05/16/2008 and assigned
Florida document number L08000049333

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This amendment is submitted to amend the following:

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

Royal VI Insurance Group, L.L.C.

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)

4733 N.E. 11th Avenue

Fort Lauderdale, Florida 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4733 N.E. 11th Avenue

Fort Lauderdale, Florida 33334

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:

Gretchen B. Powers

New Registered Office Address:

4733 N.E. 11th Avenue

Enter Florida street address

Fort Lauderdale

Florida

33334

City

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.

Gretchen B. Powers
(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

Title	Name	Address	Type of Action
Reg. Agent	David W Greene	301 N.E. 44 th Street FORT LAUD., FL. 33334	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	David W. Greene	301 N.E. 44 th Street FORT LAUD., FLORIDA 33334	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Reg. Agent	Gretchen B. Powers	4733 N.E. 11 th Avenue FORT LAUD., FL. 33334	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GRETCHEN B. POWERS	4733 N.E. 11 th Avenue FORT LAUD., FL. 33334	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Pres.	Gretchen B. Powers	4733 N.E. 11 th Avenue FORT LAUD., FL. 33334	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Principle Business Activity amended to :
Insurance Sales
Life, health, long term care, disability,
critical care,

Dated MAY 22nd, 2010.

Gretchen B. Powers or David W. Greene
Signature of a member or authorized representative of a member

Gretchen B. Powers or DAVID W. GREENE
Typed or printed name of signee

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DIVISION OF CORPORATIONS