

(Re	questor's Name)	
(,,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



03/21/18--01005--040 ++25.00



Office Use Only

n BRUCE SEP 22 2018

COVER LETTER

•

TQ: Registration Section Division of Corporations

• .

.

•

Marrecau & Rodriguez Orthodontic Specialists LLC

.

.

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.			
Please return all corresponder	ice concerning this matter	to the following:			
r	nichael christiansen				
-	nastriana & christianser	Name of Person			
-		Firm/Company	······································		
1	1500 north federal highv	vay			
-		Address	<u> </u>		
f	ort lauderdale fl 33304			2018 171	
- m	ike@m-c-law.com	City/State and Zip Code		SEP 2	
-	E-mail address: (to be used for future annual report notifie	ation)	SSE 1	1
For further information conce	rning this matter, please ca	alt:			1 1 ÷
mike christiansen		954 561-1711 at()		5141 LORE	ا مورو ا
Name of Pers	<u>,</u>		Felephone Number		
Enclosed is a check for the fol	llowing amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy)	f Status & 1y	
Registration	Corporations 27	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrecau & Rodriguez Orthodontic Specialists 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 4-17-2009 and assigned Florida document number L09000037239

This amendment is submitted to amend the following:

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

Marrecau Orthodontics LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)	
	N N
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:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, FI	orida
	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 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

· ,

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	rodriguez, mairelys	5850 coral ridge drive, suite 101	🛛 Add
<u> </u>		coral springs fl 33076	
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			Charge S T
			Remove IT
·			□ Add
			C Remove
			Change
			🗖 Add
			Remove
			Change

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

· .

•

.

,

·		
<u></u>		
	· · · · · · · · · · · · · · · · · · ·	
		影 2 5
-		ALL B
		201 8 1
		2
Fffaativo	october 1, 2018	
(If an effecti <u>Note:</u> If	date, if other than the date of filing:	suant to 605.0207 (3)(b) not be listed as the
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of

÷

Dated	t 19, 2018
	/ Char
	Signature of a member or authorized representative of a member
	michael christiansen, attorney
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00