L09000076480

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor	porations		
Dental Dev	relopment Systems, LLC		
<u> </u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Wayne Solan		
		Name of Person	
	Dental Development Syste	ms, LLC	
		Firm/Company	
	2127 SW 1st Court		
		Address	
	Fort Lauderdale, FL 33312	!	
		City/State and Zip Code	
	wayne@poppitstoothpaste.c		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
Wayne Solan		954 864-2845 at () Area Code Daytime	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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

TO:

Registration Section

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

Dental Development Systems, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on August 7, 2009	and assigned
Florida document number L09000076480	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Edelbrock & Solan Holdings, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	he abbreviationL.C."
Enter new principal offices address, if applicable	le:	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	22
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u></u>
B. If amending the registered agent and/or	registered office address on our records, en	ter the name of the nev
registered agent and/or the new registered offic		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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, 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>	Type of Action
			Remove
			□ Change
			□ Add
			Remove
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			Reffiove Change
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Note: If the date inserted in	han the date of filing: date must be specific and cannot be prior to date of filing or more the third block does not meet the applicable statutory filing request the Department of State's records.	(optional) lan 90 days after filing.) Pursuant to 605.0207 (3) uirements, this date will not be listed as the
the record specifies a c) The 90th day after t	lelayed effective date, but not an effective time, he record is filed.	, at 12:01 a.m. on the earlier of:
Dated October 15	2019	
	Signature of a member or authorized representative of a r	member
Wayne Solan	Typed or printed name of signee	

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Filing Fee: \$25.00