

L09000119579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09 DEC 23 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 24 2009

EXAMINER

# VCORP SERVICES, LLC

December 17, 2009

Department of State  
Division of Corporations  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

**FILED**  
09 DEC 23 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: **DJR Consultants LLC**

Dear Sir or Madam:

Please file the enclosed Articles of Amendment.

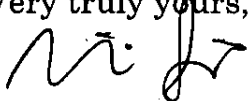
Also Enclosed is a check for \$25 covering the filing fee.

Should there be an error on the attached please contact me ASAP at the info below.

Kindly fax the filed documents to: 845-818-3588.

Thank you for your attention to this matter.

Very truly yours,



Mimi Sanik

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DJR Consultants 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:

Mimi Sanik

Name of Person

Vcorp Services, LLC

Firm/Company

20 Robert Pitt Drive, Suite 214

Address

Monsey, NY 10952

City/State and Zip Code

mimi@vcorpservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mimi Sanik

Name of Person

at ( 845 )

425-0077

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

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09 DEC 23 AM 11:15  
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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DJR Consultants 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 12/16/2009 and assigned  
Florida document number L09000119579.

This amendment is submitted to amend the following:

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

DJR Consultants PLLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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*

\_\_\_\_\_, 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 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.*

\_\_\_\_\_  
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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <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.)*

The purpose for which this Limited Liability Company is organized is:  
DENTAL SERVICES

Dated December 17, 2009



Signature of a member or authorized representative of a member

Mimi Sanik, Authorized Representative

Typed or printed name of signee

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