L11 000004702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT 07 2020

LAW OFFICE OF

Joseph N. Perlman

*Joseph N. Perlman
joeperlmanlawfirm@gmail.com
jperlman4@gmail.com

Practice Limited to:
Real Estate
Business Commercial Law

*Also Admitted in Ohio

28461 US 19 N
Clearwater, FL 33761
Telephone: (727) 536-2711
Fax: (727) 536-2714

August 20, 2020

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re Ali's Dental Laboratory LLC/L11000004702

Dear Sir/Madam,

Enclosed please find a check in the amount of $25.00 for corporate resolution reflecting the resignation of Oscar P Calabi as Managing Member of the above Company along with the Articles of Amendment being filed with the Division of Corporations.

Thank you for your cooperation in this matter.

Very truly yours,

Joseph N Perlman, Esq

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Ali's Dental Laboratory, 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:

Joseph N. Perlman
Name of Person

Firm/Company

28461 US Hwy 19 N
Address

Clearwater FL 33761
City/State and Zip Code

Joeperlmanlawfirm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph N Perlman at (727) 536.2711
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ali's Dental Laboratory, LLC 2011 JAN 12 P 6:36

(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 1/12/2011 and assigned Florida document number L11000004702.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

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

_____, **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

Title	Name	Address	Type of Action
MGRM	Oscar P. Calabi		☐Add
		1960 E Bay Dr Largo FL 33771	☒Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

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 August 14, 2020.

Signature of a member or authorized representative of a member

MOHAMMAD MAHMUDI

Typed or printed name of signee

Filing Fee: $25.00