

LII 000004702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

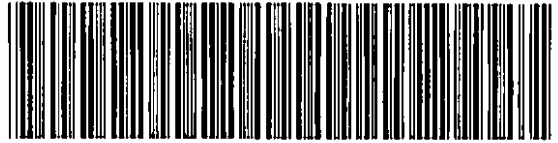
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 07 2020

LAW OFFICE OF

Joseph N. Perlman

*Joseph N. Perlman
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Practice Limited to:
Real Estate
Business Commercial Law

*Also Admitted in Ohio

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Clearwater, FL 33761
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August 20, 2020

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

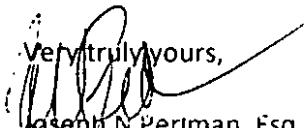
Re Ali's Dental Laboratory LLC/L11000004702

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

Joe Perlman law firm@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 2:28 PM 1/12/11 P. 6:35

(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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

24. 5:27

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 11, 2020

Signature of a member or authorized representative

MOHAMMAD MAHMUD I
Typed or printed name of signee

Typed or printed name of signee