

L12000060498

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TALLAHASSEE, FLORIDA

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DEC 18 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DENTAL & MEDICAL CENTRAL 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:

LISA ZAHORIAN

Name of Person

TAX &amp; FINANCIAL STRATEGISTS LLC

Firm/Company

28089 VANDERBILT DR #201

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

LISA@WONDERTAX.COM

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

For further information concerning this matter, please call:

LISA ZAHORIAN                                  239        405-8395  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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/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 & MEDICAL CENTRAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 05-04-2012 and assigned  
Florida document number L12000060498.

This amendment is submitted to amend the following:

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

YABL STREET HOLDINGS, LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LISA ZAHORIAN	28089 VANDERBILT DR #201 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	THOMAS WANDERON	4902 ESPLANADE ST BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SUZANNE K WILSON	4902 ESPLANADE ST BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	PAUL REDDISH	4549 BRYNWOOD DRIVE NAPLES, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Donna Hachem REVOCABLE TRUST	14300 RIVA DEL LAGO #1805 FORT MYERS, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Robert Schwandt	215 Chief Justice Cushing Hwy Cohasset, MA 02025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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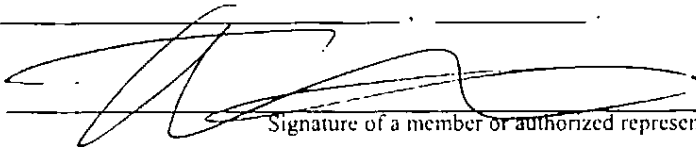
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12-06 \_\_\_\_\_, 2018



Signature of a member or authorized representative of a member

THOMAS WANDERON

Typed or printed name of signee