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### **COVER LETTER**

SUBJECT:	ADS D	Dentistry, LLC			
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	A. Dave Singh				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	ADS Dentistry, LLC				
		Firm/Company			
	3304 West Alline Avenue				
	3304 West Alline Avenue  Address				
	Tampa, FL 33611				
		City/State and Zip Code		<del></del>	
	davesinghdmd@aol.com			2018 2018	
	E-mail address: (	to be used for future annual re	port notification)	AR & T	
For further information c	oncerning this matter, please c	all:		PIL JUN 23 F SECRETARY OF ALLAHASSEE.	
Dave Singh		813 at ()	731 - 5196		
Name o	f Person	Area Code	Daytime Telephone No	III OS	
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)	Cer sed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)	

### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

	ADS Dentistry
( <u>Name of the Limited Liabi</u> (A Flori	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability  Florida document number	y Company were filed on29 January 2013 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the lir	imited liability company here:
The new name must be distinguishable and contain the words "Li	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3304 West Alline Avenue
(Principal office address MUST BE A STREET ADD	DRESS) Tampa, FL 33611
	3304 West Alline Avenue
Enter new mailing address, if applicable:	Tampa, FL 33611
(Mailing address MAY BE A POST OFFICE BOX)	
grant of his section of the section of the	and the second of the second o
	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	
Name of New Registered Agent:	Sign No.
New Registered Office Address:	3304 West Alline Avenue
	Enter Florida street address
	Tampa , Florida 3611
	City 35 Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability age.
	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>	Address	Type of Action
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			□ Remove
			☐ Change
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			□ Remove
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record spe he 90th d	ecifies a de ay after th	elayed effec e record is	ctive da filed.	te, but	not an	effectiv	e time, a	it 12:01	. a.m. or	the e	arlier
ed	Jun	ne 14		2016	thorized						

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