

#L13000030582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
13 MAR 20 PM 12:12
FBI - TAMPA

K. SALLY
EXAMINER
MAR 22 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carolina Dentures of Clermont 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:

Jude Mastapasco
Name of Person
Carolina Dentures of Clermont
Firm/Company
12344 Roper Blvd
Address
Clermont FL. 34711
City/State and Zip Code
Carolinadentures@yahoo.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jude Mastapasco at (352) 427 2070
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

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

FILED
13 MAR 20 PM 12:12
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

The Articles of Organization for this Limited Liability Company were filed on 2/27/2013 and assigned
Florida document number L13000030582

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 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**)

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:

Manfred Buechle

New Registered Office Address:

12344 Roper Blvd

Enter Florida street address

Clermont

City

Florida

FL

Zip Code

34711

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 609, 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.

[Signature]
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

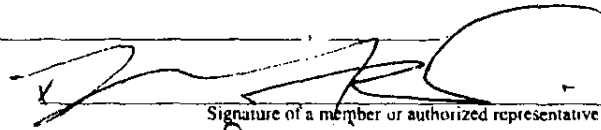
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Reynaldo Gonzalez	12344 Roper Blvd	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" type="checkbox"/> Remove
MGRM	Jude Mastapasco	12344 Roper Blvd	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" 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.)

with these 2 deletions this should make
Manfred Buechele the Sole Managing Member

Dated



Signature of a member or authorized representative of a member

Manfred Buechele

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00