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2013 APR 22 FH 3: 00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

My Dent Guy LLL ____

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris ConA Name of Person Treiser Collins pl Firm Company 3080 TAMIAN: TIAILE. NAPLYS, Plu 34117 MAIK C CALMY Dentauy, 1000 1-mail address to be used for figure annual epopt notification

For further information concerning this matter, please call;

Chin ConA

at (237) <u>649-440D</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy (senclosed)) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed?

MAHLING 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 Fullahassee, FL 32301

ARTICLES OF A	MENDMENT
ARTICLES OF OR	GANIZATION FL.ED
OF	2019 APR 22 PH 3: 00
My. Den & ((<u>Name of the Limited Liability Company</u> (Refordat limited Liab	rvy LLL 2 [C.R
The Articles of Organization for this Limited Liability Company we Florida document number	The filed on $6/10/13$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u> My Dent Guy PAintless The new name must be distinguishable and contain the words "I mited Liability	
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 offic registered agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cuy Zup 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 tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or - it this document is being filed to merely reflect a change in the registered office address. Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
	\		🗆 Add
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			🖸 Remove
			O 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) (0 ptional) (0 ptional) (0 ptional) (0 prior to date of filing or more than 90 days after filing.) Pulsuant 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 April 10, 7019

Signature of a member or authorized representative of a member

Chris ConA - Ajont. FBN-0141178 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00