## 613000/63345

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(City	//State/Zip/Phone	9 #)
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## **COVER LETTER**

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FAMILY D	ENTAL SYSTEM, L.L.C.		
.cr:	Name of Limi	ited Liability Company	
closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
return all correspon	ndence concerning this matter	to the following:	
	AMALIA EREGALADO		
		Name of Person	
		Firm/Company	
	Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  prespondence concerning this matter to the following:  AMALIA EREGALADO  Name of Person  Firm/Company  8218SW163PLACE  Address  MIAMI, FL 33193  City/State and Zip Code  AMALIA_ARGENTINA@YAHOO.ES  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number		
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	AMALIA_ARGENTINA@		
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		at ()	
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5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	closed Articles of	Name of Limitation colosed Articles of Amendment and fee(s) are substreturn all correspondence concerning this matter  AMALIA EREGALADO  8218SW163PLACE  MIAMI, FL 33193  AMALIA_ARGENTINA@  E-mail address: (their information concerning this matter, please can be a check for the following amount:  85.00 Filing Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  AMALIA EREGALADO  Name of Person  Firm/Company  8218SW163PLACE  Address  MIAMI, FL 33193  City/State and Zip Code  AMALIA_ARGENTINA@YAHOO.ES  E-mail address: (to be used for future annual report notifither information concerning this matter, please call:  Name of Person  Area Code  Daytime  ed is a check for the following amount:  5.00 Filing Fee  \$30.00 Filing Fee & Certified Copy

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

FAMILY DENTAL SYSTEM.L.L.C. (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 11/20/2013 \_ and assigned Florida document number <u>L13000163345</u> 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

## 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.

City

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>	Type of Action
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MARCH, 31ST	2018				
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Signatu	re of a member or at	thorized represent	ative of a member		

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Filing Fee: \$25.00