LIH 0000 27213

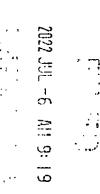
(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ådd	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do:	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900390461409

The second secon



Lowe Chand

OTT 2022 DICUDNING

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	BALBOA 8	& ASSOCIATES DENTAL G	ROUP, P.L.L.C.	
		Name of Lim	tited Liability Company	_
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RAFAEL G. BALBOA, D	PMD	
		_	Name of Person	
		BALBOA AND ASSOCIA	ATES DENTAL GROUP, LLC.	
			Firm/Company	
		14527 S.W. 42 STREET		
			Address	
		MIAMI, FLORIDA 33175	;	
			City/State and Zip Code	
		BALBOADENTALGROU	P@GMAIL.COM	202
		E-mail address: (to be used for future annual report notification)	
For further in	iformation co	oncerning this matter, please c	all:	2022 JUL -6
RAFAEL G.	BALBOA		305 503-5122 at ()	7. On
	Name of	Person	Area Code Daytime Telephone Nu	mber
				1. 19
Enclosed is a	check for th	e following amount:		
Г <mark>А</mark> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
Reg Div P.C	iling Address gistration S vision of C D. Box 632 lahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BALBOA & ASSO	CIATES DENTAL GROU	P PLLC	بُ
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear i Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	FEB 17, 2014	and assigned
lorida document number L14000027213	<u></u> .		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lim	ited liability company h	e <u>re</u> :	
ALBOA & ASSOCIATES DENTAL GROUP LLC			
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the c	esignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			
• •			·
<u>Principal office address MUST BE A STREET ADDI</u>	<u>(E33)</u>	<u> </u>	
	 		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
numer university in the ATOST OFFICE BOAY			
	 -		
Te la			
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our r	ecords, <u>enter the nai</u>	ne of the new regist
ent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	ida 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 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
			□Add
	•	-	□Remove
			□Change
			□Remove
			□Add
			
			□Change
		-	□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□ Change

TO	ENGAGE IN ANY AND ALL LAWFUL BUSINESS	
-		
	· · · · · · · · · · · · · · · · · · ·	
ective	date, if other than the date of filing: (optional)	
effectiv <u>e:</u> If t	date, if other than the date of filing:	
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after th
ed	4/16/22	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00