L14000048202

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SECRETARY OF STATE
TALLAHASSEE, FLORES.

D. BRUCE JAN 24 2017

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		RN DENTAL GRP LLC			
ЗОВЈЕ (UI;	Name of Limi	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Dr. Maximus Zand			
	ı		Name of Person		
		SOUTHERN DENTAL GI	RP LLC		
			Firm/Company		
		3512 DEL PRADO BLVD	Unit #102		
		.	Address		
		CAPE CORAL, FL 33904			
		sdgoffice102@gmail.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notification	ution)	
For furtl	her information o	concerning this matter, please ca	ıll:	<u> </u>	
Dr. Max	ximus Zand		239 810-0821 at ()	elephone Number AS	
	Name o	of Person		elephone Number ASA	77
Enclose	d is a check for tl	he following amount:			77
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fitting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	フ
		ING ADDRESS: ration Section	STREET/COURIER Registration Section	RADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN DENTAL GRP LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L14000048202	Company were filed on 03/24/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
		2017 SEC SEC
Enter new mailing address, if applicable:		ORE CAR
(Mailing address MAY BE A POST OFFICE BOX)		33. 2
		E S
B. If amending the registered agent and/or regi	stered office address on our records, ente	the name of the nev
registered agent and/or the new registered office add	dress here:	2mi =
Name of New Registered Agent:		
New Registered Office Address:		
The registered of the readings.	Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and <u>address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES	GALEANO, NUBIA	3512 DEL PRADO BLVD CAPE	Add
			■ Remove
			Change
VP	PAZ, RODY	3512 DEL PRADO BLVD CAPE	
		_	Remove
			Change
PRES	Maximus Zand	3512 DEL PRADO BLVD CAPE	Add
		- 	Remove
			Change
VP	Maximus Zand		Add ALLANASSER OF STATE ORDAN Remove Remove Remove
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		<u> </u>	□ Remove
			Change

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JAN 23 / AHASSEE.

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Filing Fee: \$25.00