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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Emily Walley	
(Document Number)	
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## **COVER LETTER**

TO: Registration So Division of Cor			
PerioPruv   SUBJECT:	Holdings, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura Hardin		
	<del></del>	Name of Person	
	SalvDx, LLC		
	<del></del>	Firm/Company	
	2744 East Commercial Blv	vd,	
		Address	
	Ft. Lauderdale, Fla 33308		
	DCHLCH@ATT.NET	City/State and Zip Code	
		to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	ail:	
Laura Hardin		954 439-2425 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

PerioPruv Holdings, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability C	Company were filed on 4/23/2014	and assigned
Florida document number L14000066400		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
SalvDx, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DECC)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or regis	stered office address on our records, <u>en</u>	ter the name of the
registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:		
New Periods of CCC Add a		
New Registered Office Address:	Enter Florida street address	- <u> </u>
	, Florida	* <del>*</del> * * * * * * * * * * * * * * * * *
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Address</u> **Type of Action** Title Name \_□ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Remove □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if other than the oneffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date ck does not meet the applicable s	(option of filing or more than 90 days after latutory filing requirements, this	filing.) Pursuant to	605.020
record specifies a delayed The 90th day after the reco		effective time, at 12:01 a	i.m. on the ea	arlier (
	2017	representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00