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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

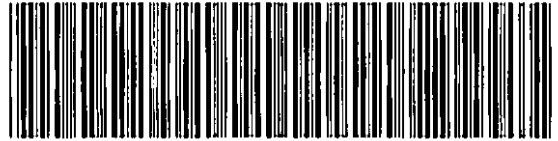
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY SIMMONS

AUG 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.A.B. Dental LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gayle Brue
Name of Person

Firm/Company

5873 Jones Road
Address

Saint Cloud, FL 34771
City/State and Zip Code

gaylebrue@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle Brue at (407) 873-4488
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

S.A.B. Dental LLC

(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 4/30/2014 and assigned Florida document number 46-5541759.

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 "LLC."

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

_____, 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, 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>	<u>Type of Action</u>
MGR	Gayle Brue	5873 Jones Road	<input checked="" type="checkbox"/> Add
		Saint Cloud, FLA 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Vinokur	5873 Jones Road	<input type="checkbox"/> Add
		Saint Cloud, FLA 34771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Randal Brue	5873 Jones Road	<input checked="" type="checkbox"/> Add
		Saint Cloud, FLA 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MM	Brandon Brue	5873 Jones Road	<input type="checkbox"/> Add
		Saint Cloud, FLA 34771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 AUG -5 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG -6 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AUG - 6 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 8/21/18

Hayle Buie
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Gayle Brue

Typed or printed name of signee