

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

Phone : (305)670-1991

: (305)670-1993

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 	 <u>.</u>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DENTRA LLC**

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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GUZMAN & GUZMAN PA

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December 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GUZMAN & GUZMAN PA

SUBJECT: DENTRA LLC REF: L15000011709

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: E15000288442 Letter Number: 115A00025595

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SECRETARY OF FAME

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GUZMAN & GUZMAN PA

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## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

SECRETARY OF STAJE TALLAHASSEE, FLORIDA

**************************************				
(Mame of the Limit	ted Linhillty Compa (A Florida Limited	any as fi now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L. Florida document number L15000011709	isbility Company	were filed on 01/20/2015 and assigned		
This amendment is submitted to amend the following	nwing:			
A. If amending name, enter the new name of	f the limited linh	ulity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		9130 % DADELAND BLVD		
(Principal office address MUST BE A STREET ADDRESS)		STE 1509		
		MIAMI F1., 33156		
Enter new mailing address, if applicable:		9130 S DADELAND BLVD		
(Mailing address MAY BE A POST OFFICE)	ROX)	STE 1509		
		MIAMI FL, 33156		
B. If amending the registered agent and/or the new registered off registered agent and/or the new registered off Name of New Registered Agent:	lice address her	Mee address on our records, <u>enter the name of the n</u> : : : : : : : : : : : : :		
New Registered Office Address:	9130 S DADEL	AND BLVD STE 1509		
		Einer Florida sweet ikkliessi		
	MIAMI	Florida 33156		
	1211731411			
		Florida 33156  Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent:	City Zip Code se to act in this capacity. I further agree to comply with the		

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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

Title	Name	Address	Type of Action
MGR	KOUTSOUKOS, THOMAS	250 NE 25TH STREET	
		# 1709	Remove
		MJAMI, FL 33137	Change
MGR	ALEJANDRO KUTSUKOS	401 69 STREE	<b>A</b> dd
		APT 313	<b>5</b> P
		MIAMI BEACH FL, 33141	Change
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record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.m.	. on the	earli <b>e</b> r (
DECEMBER 7 2015			
× DI-FIL	•		
Signature of a member or authorized representative of a mem	ber		<del></del>
KOUTSOUKOS, THOMAS			