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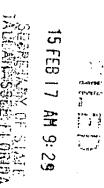
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### **COVER LETTER**

TO:	Registration Sec Division of Cor	
		al Handpiece Repair, LLC
SUBJE	CT:	Name of Limited Liability Company
The encl	losed Articles of	Amendment and fee(s) are submitted for filing.
Please re	eturn all correspon	ndence concerning this matter to the following:
		Tralinda Camm
		Name of Person
		PJ Dental Handpiece Repair, LLC
		Firm/Company
		7028 W Waters Ave, PMB 201
		Address
		Tampa, FL 33634
		City/State and Zip Code tlcdentalrepair@icloud.com
		E-mail address: (to be used for future annual report notification)
For furtl	ner information co	oncerning this matter, please call:
Tralin	da Camm	214 396-6006
	Name of	
Enclose	d is a check for th	ne following amount:
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

## TO ARTICLES OF ORGANIZATION OF

PJ Dental Handpiece Repair, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
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)	7028 W Waters Ave, PMB Tampa, FL 33634	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	<del></del>	nter the name of the new
Name of New Registered Agent:		15 FE
New Registered Office Address:	Enter Florida street address	B 17 AM
<del></del>	, Florid	Code Zin Code
New Registered Agent's Signature, if changing Registered Agent:		29
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

# Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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