L15000024963

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer;
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S. WARREN AUG 2 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RDC Dartal Lab and Milling Center 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:
VICTORIA SCHREIBER Name of Person
AD Dental Lab + Milling Center
110105 10th Street
Sarasota FL 34234 City/State and Zip Code
YICKY. ROLLABS@ Yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VICTORIA SCHREIBER at (941) 953-9000 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sand Sand Status Solution Status So

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

(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 Com	pany were filed on	and assigned	
Florida document number <u>L15000 24963</u> .			
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 "L.1. C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our rec here:	ords, enter the name of the new	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street ac	ddress	
	, Florida		
		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	- -		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties as provided for in Chapter 6	s, and I am familiar with and 05 F.S. Or-if this Meanment is	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mbe	VICTORIA SCHREI	BER	
		3335 6th 5t	🗖 Remove
		3335 6th 5t Sarasota FL 3423	T_ Ø Change
		 	D Add
			☐ Remove
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her na			$O \sim O$	eiber.
Please	update	your	records	
tive date, if other that Tective date is listed, the date. If the date inserted in the nent's effective date on	te must be specific and ea his block does not me	innot be prior to date of file of the applicable statute	ing or more than 90 days a	ptional) fter filing.) Pursuant to 60 this date will not be list
cord specifies a de e 90th day after the	ayed effective date record is filed.	te, but not an effe	ctive time, at 12:0	1 a.m. on the earli
		2017		
8/25	, , ,	0 1		<u>17</u>
8/25 Yuto	Nignature of a me	Johnson k	entative of a member	17 AUG 28

Filing Fee: \$25.00