

415000025801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

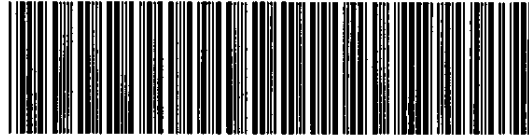
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 12 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Group Dentals 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:

Alfred Lariviere  
Name of Person

Firm/Company

304 Indian Trace #448  
Address

Weston FL 33326  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alfred Lariviere at (954) 447-2444  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 | Elite Holdings Group LLC | 304 Indian Trace #448 | <input type="checkbox"/> Add               |
|     |                          | Weston FL 33326       | <input checked="" type="checkbox"/> Remove |

|     |  |                       |   |
|-----|--|-----------------------|---|
| MGR | Elite Group Holdings and Investments LLC | 304 Indian Trace #448 | <input checked="" type="checkbox"/> Add |
|     |  | Weston FL 33326       | <input type="checkbox"/> Remove         |

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
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|  |  |  |                                 |
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|  |  |  | <input type="checkbox"/> Remove |
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|  |  |  | <input type="checkbox"/> Add |
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|  |  |  | <input type="checkbox"/> Remove |
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|  |  |  | <input type="checkbox"/> Add |
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|  |  |  | <input type="checkbox"/> Remove |
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|  |  |  |                              |
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|  |  |  | <input type="checkbox"/> Add |
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|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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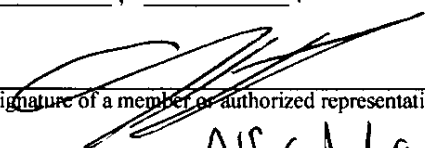
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/25/15, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alfred Lariviere  
\_\_\_\_\_  
Typed or printed name of signee