

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L15000036184

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(((H16000015517 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAVARES LAW PA
Account Number : I20150000095
Phone : (407) 901-7556
Fax Number : (407) 901-7558

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

Email Address: Marcelo@sosdental.com.br

RECEIVED
2016 JAN 20 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOS DENTAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JAN 21 2016
J. HARRIS

H160000155173

**TO
ARTICLES OF ORGANIZATION
OF**

SOS 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 02/26/2015 and assigned
Florida document number L15000036184.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

MIAMI CENTER BUILDING201 SOUTH BISCAYNE BLVD, SUITE 1200MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI CENTER BUILDING201 SOUTH BISCAYNE BLVD, SUITE 1200MIAMI, FLORIDA 33131

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

From: TAVARES LAW Fax: (407) 801-7558
or removed from our records:

To:

Fax: +1 (850) 617-8383

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PRIMA USA INC	1130 S POWERLINE RD. #105	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS CESAR COUTINHO	1768 MALVERN HILL CIRCLE	<input checked="" type="checkbox"/> Add
		APT. 103	<input type="checkbox"/> Remove
		CELEBRATION, FL 34747	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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From: TAVARES LAW

Fax: (407) 901-7556

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Fax: +1 (850) 617-6383

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

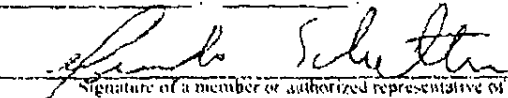
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1/19/2016



Signature of a member or authorized representative of a member

Marcelo Schettini Dias Da Costa

Typed or printed name of signer

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