

12/19/2018

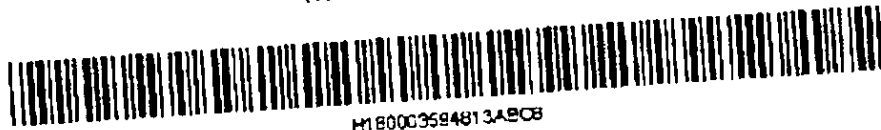
From: 14694451465 Date: 12/19/19 Time: 12:47 PM Page: 01/04

L1500050540

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000359481 3)))



H180003594813A808

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED DENTAL EDUCATORS, LLC

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

12/19/18

Electronic Filing Menu

Corporate Filing Menu

Help

12/21

S. PRATHER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADVANCED DENTAL EDUCATORS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2018 DEC 20 PM 12:10
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 03/20/2015
Florida document number L15000050540

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City Florida

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

To: 18506176381 From: 14694451465 Date: 12/19/18 Time: 12:47 PM Page: 03/04

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: (((H18000359481 3)))

MGR = Manager
AMBR = Authorized Member

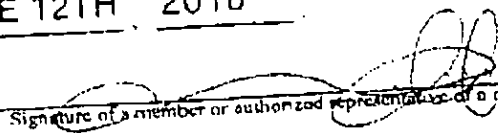
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	CLAUDIO L. MIRO	564 SW 42ND AVENUE, 2ND FLOOR	<input type="checkbox"/> Add
		MIAMI, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

To: 18506176381 From: 14694451465 Date: 12/19/18 Time: 12:47 PM Page: 04/04

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H18000359481 3)))

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 DECEMBER THE 12TH 2018


Signature of a member or authorized representative of a member

CLAUDIO L. MIRO

Type or printed name of signer

FILED
2018 DEC 20 PM 12:40
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

Page 3 of 3

Filing Fee: \$25.00

(((H18000359481 3)))