215000100459

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600317576896

18 AUG 30 PH 2: 25

SECRETARY OF \$ IALE SECRETARY OF \$ IALE

N COOPER SEP 0 4 2018

COVER LETTER

TO:	Registration Se Division of Cor				
erm i		12th St, LLC			
20R1	ECT:	Name of Lin	nited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		United States Corporation	on Agents, Inc		
			Name of Person		
		United States Corporation	on Agents, Inc		
			Firm/Company		
		13302 Winding Oak Court Suite A			
			Address		
		Tampa, FL 33612			
		Anne@212dentalcare.co	City/State and Zip Code m		
		E-mail address: (to be used for future annual report notif	lication)	
For fu	rther information co	oncerning this matter, please c	all:		
Antho	ony Santamaria		561 899-4595 at ()		
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclos	sed is a check for th	e following amount:			
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1897 NW 12th St, LLC			
(Name of the Limited Liability (A Florida 1	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L15000100459	ompany were filed on 6/9/15	and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>-</u> _	<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)	<u>₽</u>	13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5
		୍ଦ 	고 <u> </u>
		õ	SEF
Enter new mailing address, if applicable:		PH	
(Mailing address MAY BE A POST OFFICE BOX)		2: 2	λ <u>.</u>
		2.5	- 13.6 - 13.6 - 13.6
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r the name of t	he new
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

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

MGR = Manager AMBR = Authorized Member

:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGŖ	William Santamaria	21944 Town Place Dr Boca Raton, FL 33433	
			□ Remove
			☐ Change
			
			□ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			
			Remove
			Change
			Remove
			Change

•	
	
	-
	ಹ
	AUG
	<u>_</u>
	5.
	
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more office. If the date inserted in this block does not meet the applicable statutory filing recurrent's effective date on the Department of States's results.	then 00 down a fire - \ D
current's effective date on the Department of State's records.	Addressions, this date will not be list
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earli
^ ^	
ted August 28 , 2018	
Ato	
/ N 7 1 V 1	
signature of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00