

L15000161940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

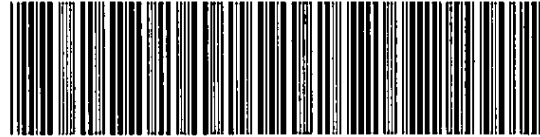
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: *

*Alter to
give permission
to correct DC 12/19/19
12/16*

Office Use Only



300336446073

11/07/19--01008--019 **75.00

*LLC Amend
12/19/19
DC*

2019 DEC 16 AM 12:58
DIVISION OF REVENUE COLLECTION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2019

ELIBERTO GRACIA
USA DENTAL GROUP, LLC
1 OAKWOOD BLVD., SUITE 200
HOLLYWOOD, FL 33020

SUBJECT: USA DENTAL GROUP, LLC
Ref. Number: L15000161940

We have received your document and check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FORM SUBMITTED IS AN INCORRECT FORM FOR CHANGING ALL ADDRESSES FOR YOUR LIMITED LIABILITY COMPANY. THE ENCLOSED AMENDMENT FORM WILL ALLOW YOU TO CHANGE THE FOLLOWING ADDRESSES: YOU MAY CHANGE THE PRINCIPAL, MAILING, REGISTERED AGENT AND THE MEMBERS/MANAGERS ETC. PLEASE MAKE SURE THAT YOU INDICATE ALL ADDRESS CHANGES ON THE AMENDMENT FORM ATTACHED. PLEASE GIVE ME A CALL WITH ANY QUESTIONS CONCERNING THIS FILING.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 519A00023915

2019 DEC 16 11:10:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA Dental Group 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:

Eliberto Gracia
Name of Person
USA Dental Group, LLC
Firm/Company
dba USA Dental Club
1 Oakwood Blvd #200
Address
Hollywood, FL 33020
City/State and Zip Code
Elyad.VitalOneHealth.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eliberto Gracia at (305) 345-8836
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
2019 DEC 16 AM 12:58

USA DENTAL GROUP, 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 09/23/2015 and assigned
Florida document number L15000161940.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ONE OAKWOOD BLVD, SUITE 200

HOLLYWOOD, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ONE OAKWOOD BLVD, SUITE 200

HOLLYWOOD, FL 33020

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:

ONE OAKWOOD BLVD, SUITE 200

Enter Florida street address

HOLLYWOOD

City

Florida

33020

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name		Address	Type of Action
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change