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.

(((H22000235079 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057 : (813)280-1256

Fax Number : (813)251-8715

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

Email

Address: \_rwarnkensdds@gmail.com\_

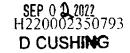
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REBECCA L WARNKEN, DDS, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## **COVER LETTER**

•			• •
TO: Registration S	ection		•
Division of Co	rporations		
SUBJECT:	Warnken, DDS, PLLC		
SORGECT:	Name of Li	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Ghada Skaff		20
	<del> </del>	Name of Person	
	Lieser Skaff Alexander		
	······	Firm/Company	<u> </u>
	403 N. Howard Ave.		2022 JUL 11 ACTIV
		Address	
	Tampa, FL 33606		09
	<del></del>	City/State and Zip Code	
	rwamkendds@gmail.com		
	E-mail eddress:	(to be used for future annual report notif	ication)
For further information	concerning this matter, please o	all:	
Ghada Skaff		813 280-1256 st()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address;	
Registration !	Section	Registration Sec	
Division of C	'ornomione	Division of Con	ACTREIONS

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Rebecca L Warnken, DDS, PLLC

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	(A Florida Limited	ny as it now appears on our re Liability Company)	sords.)
The Articles of Organization for this Limited I Florida document number L15000169531	Liability Company	were filed on October 5, 20	2015 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	302 N. Howard Ave.	
(Principal office address MUST BE A STRE	ET ADDRESS)	Tampa, FL 33606	
		302 N. Howard Ave.	
Enter new mailing address, if applicable:		Tampa, FL 33606	
(Mailing address MAY BE A POST OFFICE	BOX)	Tampa, PL 33000	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, er	iter the name of the new registered
Name of New Registered Agent:	Lieser Skaff Al	exander	
New Registered Office Address:	403 N. Howard	Ave.	
		Enter Florida street ac	ldress
	Tampa		, Florida <u>33606</u>
		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.

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## 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>	Name	Address	Type of Action
AMBR	Rebecca L Warnken	302 N. Howard Ave.	□ Add
		Tampa, FL 33606	□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□A6d
			Remove
			Change
			□Add
			□Remove
			Change

H220002350793

N/A	
	data if other than the date of filing:
te: If t	date, if other than the date of filing:  (optional)  c 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed	7/7 , 2012 ,
	Signature of a member or authorized representative of a member
	Rebecca L Warnken