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			Name of I	Limited Liability Co	ompan <u>y</u>		THE R.
The enclos	sed Articles of a	Amendmer	nt and fee(s) are s	submitted for filin	g.		1 - 1 AN 10: 51
Please retu	irn all correspo	ndence cor	ncerning this mat	ter to the followir	ig:		
				Darra	Avila		_
				Name of			
			DA.	B Dental	PLLC		
				Firm/Co		· · · · · · · · · · · · · · · · · · ·	
			14953	N Flow	la Ave		
				Addr	ess		
			Tampo	a Fl	33613 <sup>d Zip Code</sup> 9 mail · UM		_
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			E-mail addres	IN IN 85 (6) is: (to be used for fu	ure annual report not	ification)	
For further	r information co	oncerning t	his matter, pleas	e call:			
	Daura	Huila		at ( 7	86, 252	5995	
	Name of	Petson		Area	Code Daytin	ne Telephone Numbe	r
Enclosed i	s a check for th	e followin	g amount:				
□ \$25.00	) Filing Fee	12 \$30.0	0 Filing Fee &	□ \$55.00 F	□ \$55.00 Filing Fee & □		iling Fee,
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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

ARTIC	LES OF AME	NDMENT	
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ARTICI	LES OF ORGA	NIZATION	ey.
	OF		To To
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UAB	Denta	I PLLC	
( <u>Name of the Limited Li</u> (A F	ability Company as it n orida 1 imited Liability C	ow appears on our records.) (ompany)	The second se
The Articles of Organization for this Limited Liabil	ty Company were fil	ed on 10/19/1	(5 and assigned
Florida document number L 15 000 177	159		ŧ.
	<b>.</b>		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability con	inany here:	
<u></u>			
The new name must be distinguishable and contain the words	"Limitad Lishility Comp	inter <sup>14</sup> the distinguistion of LC <sup>11</sup>	in the although the off the
The new name must be distinguishable and contain the words	Ennied Elability Compa	iny, me designation ELC (	or the appreviation - t.t.c.
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
		_	
Enter new mailing address, if applicable:			
••			
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	L		
	·		
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office add	iress on our records,	enter the name of the new
The second s	address nere.		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Flori	ida
_	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charbel Barakat	# 14953 N Flouda Ave	🖸 Add
		Tampa F1 33613	Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


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 _	March 27 . 2019.	
	Signature of a member of authorized representative of a member	
	Davia Avila	
	Typed or printed name of signee	

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Filing Fee: \$25.00