## L16000005435

(Req	juestor's Name)	
(Add	ress)	
	Iress)	<del></del>
(Add	1622)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
/Rus	iness Entity Nar	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
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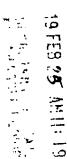
Office Use Only



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S. TALLENT MAR 0 1 2019



## **COVER LETTER**

TO:	Registration Se Division of Cor		·	
SHRIF	Tralongo, L	LC		
OUDJE			ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Eric Masson		
			Name of Person	
		Dental Whale, LLC		
			Firm/Company	<del></del>
		13621 NW 12th St, Suite 1	20	
			Address	<del></del>
		Sunrise, FL 33323		
			City/State and Zip Code	<del></del>
		eric@dentalwhale.com		/
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Eric Ma	<u>.                                    </u>		404 537-5211 ext at () Daytime	8486
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e following amount:		
\$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

TRALONGO	LLC	
(Name of the Limited Liabili	ty Company as it now appears on our records. Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on January 14, 2016	o   04   20   6 and assigned
orida document number L16000005435	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	,,	
Principal office address MUST BE A STREET ADDI	RESS)	9
		: B m
		1 30 VA
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	<del> </del>	<u>, w</u>
. If amending the registered agent and/or regisegistered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	City	гір Сопе

## 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
MGR	Ken Tralongo	13621 NW 12th St. Suite 120 Sunrise, FL 33323	Add
			■ Remove
			Change
MGR David Lopez	David Lopez	13621 NW 12th St, Suite 120 Sunrise, FL 33323	■ Add
			Remove
		<del> </del>	☐ Change
	<del></del>		
		<del></del>	□ Remove
			☐ Change
	<del></del>		Add
			☐ Remove
		<del></del>	Change
			Add
			☐ Remove
		☐ Change	
			Add
		<del> </del>	Remove
			☐ Change

		n, enter change(s) here: (Attach additional sheets, if necessary.)
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		February 21, 2010
(If an efl <u>Note:</u>	tive date, if other than the date fective date is listed, the date must be if the date inserted in this blockment's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 does not meet the applicable statutory filing requirements, this date will not be listed a
	cord specifies a delayed ef e 90th day after the record	ffective date, but not an effective time, at $12{:}01\ a.m.$ on the earlier of is filed.
Dated	February 21	2019
Dated		<del></del> ·
	Sig	nature of a member or authorized representative of a member
		p
	Eric Masson	Typed or printed name of signee

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Filing Fee: \$25.00