

11600077318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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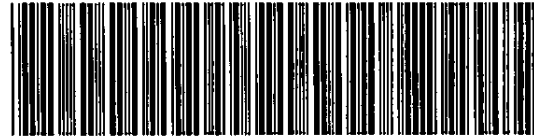
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE
JAN 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUN DENTAL PLANS 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:

EDDIE MOR

Name of Person

SUN DENTAL PLANS LLC.

Firm/Company

5901 NORTHWEST 151 STREET SUITE 122

Address

MIAMI LAKES, FLORIDA 33014

City/State and Zip Code

EMOR@FLSUNPLAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDDIE MOR

Name of Person

954
at ()

Area Code

650-3500

Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUN DENTAL PLANS 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 APRIL 19 2016 and assigned
Florida document number L16000077318.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUN HEALTH & DENTAL PLANS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5901 NORTHWEST 151 STREET

SUITE 122

MIAMI LAKES , FLORIDA 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5901 NORTHWEST 151 STREET

SUITE 122

MIAMI LAKES , FLORIDA 33014

**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:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDDIE MOR	5901 NW 151 STREET SUITE 122 <i>Atkins Lakes FL 33014</i>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2017 JAN 12 P 12:12
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated Jan 9, 2017

Essie A. D.

Signature of a member or authorized representative of a member

Eddie Mon

Typed or printed name of signee