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SECRETARY OF STATE OF CORPORATIONS

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## COVER LETTER

TO: Registration Sec Division of Corp		•	<b>,</b>
21423 Pag			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	United States Corporation	on Agents, Inc	
		Name of Person	
	United States Corporation	n Agents, Inc	
		Firm/Company	<del></del>
	13302 Winding Oak Cou	rt Suite A	
		Address	<u>.</u>
	Tampa, FL 33612		
	Anne@212dentalcare.cor	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
Anthony Santamaria		561 899-4595	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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**

21423 Pagosa Ct LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on 5/2/16	and assigned
Florida document number L16000085805		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC	. 😊
Enter new principal offices address, if applicable:		SE IVIS 18 A
(Principal office address MUST BE A STREET ADDRESS)		<b>6</b> 588
		70 30
		PA REPORT
Enter new mailing address, if applicable:		CRA CRA
Mailing address MAY BE A POST OFFICE BOX)		30
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	Tay Come

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> MGR	<u>Name</u> William Santamaria	Address 21944 Town Place Dr	Type of Action
		Boca Raton, FL 33433	
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Typed or printed name of signee

Filing Fee: \$25.00