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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Affordable Veneers 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:
Patrick Z. Abuzeni MD, DDS Name of Person
Affordable Vencers LLC Firm/Company
14035 Brach Blvd Unit 104
City/State and Zip Code  Info @ the smile factor y com  E-mail address: (to be used for future annual report-politication)
For further information concerning this matter, please call:
Sara Cardentey at (305) 444-2888  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee School Filing Fee S

### 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

The Articles of Organization for this Limited Liability Company were filed on

Florida document number LI Co COOLO 3462

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liab	ility 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)	14035 Beach Blud Unit 104
	Jacksonville, FL 300
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	

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:

Jacksonville Florida 3225

#### 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Unit 104	(P Remove
		Jacksonville, Fl 3205	☐ Change
MGR	Patrick Abuzeni	14035 Brach Blvd	12 Add
	MD'PD2	Unit 104	☐ Remove
		Jacksonville FL. 3225	☐ Change
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Filing Fee: \$25.00