

L16000163779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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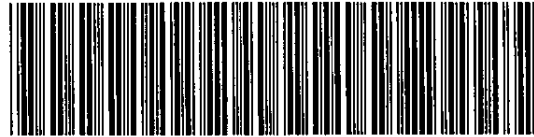
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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NOV 02 2016

**TRINITY VILLAGE DENTAL LLC**  
**777 N. ASHLEY DR. - SUITE 2603**  
**TAMPA, FL 33602**

October 13 2016

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Release of Name

To Whom It May Concern:

Enclosed please find Articles of Dissolution for Trinity Village Dental LLC. To that end, I hereby release, permit, transfer and authorize JDMDPA Holdings, LLC to use the name Trinity Village Dental LLC, in whatever manner it desires, including changing its current company's name to Trinity Village Dental LLC.

In the event you need any additional authorization, please feel free to contact me by telephone at

8133408756 or email at DOUDDS@tampabay.rr.com

Sincerely,

TRINITY VILLAGE DENTAL LLC



Doug Nguyen, Manager

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

**JDDMDPA HOLDINGS, 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 August 31, 2016 and assigned  
Florida document number L16000163779

This amendment is submitted to amend the following:

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

**TRINITY VILLAGE DENTAL 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)**

**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:**

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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>
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DIVISION OF CORPORATIONS

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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DIVISION OF CORRECTIONS

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**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 **OCTOBER 26** 2016

Signature of a member or authorized representative of a member

**JINCY DANIEL**

Typed or printed name of signee