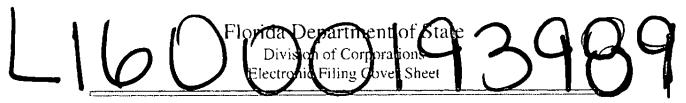
(((H21000257758 3)))



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000257758 3)))



H210002577583ABC4

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Τo:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : ACCOUNTING2EASY CORP

Account Number : 120150000067 Phone : (786)487-1398 Fax Number : (305)503-9351 2021 JUL -8 PM 2: 09
SECRETARY L. STATES
ALLEMASSES FLORIDA.

\*\*Enter the email address for this business entity to be used for stilling annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@ACCOUNTING2EASY.COM

AHASSEE. FLI

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITA DENTAL 3D LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

7/2/2021, 11:40 AM

(((H21000257758 3)))

From: Accounting2Easy Corp

Page? 3 of 5

(((H21000257758 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITA DENTAL 3D LLC						
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears of the Linbility Company)	on our records.)		-	
The Articles of Organization for this Limited t	Liability Comp	pany were filed on 10/20	0/2016	and	assigned	j
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited	liability company here	<b>2</b> ;			
N/A						
The new name must be distinguishable and contain the	words "Limited	Liability Company," the desi	ignation "LLC" or the	e abbreviation	ਜ.L.C.=	
Enter new principal offices address, if appli	cable:	N/A				
(Principal office address MUST BE A STRE	<u>ET ADDRES.</u>	<u> </u>				
			·····	<u> </u>	<u> </u>	
Enter new mailing address, if applicable:		N/A		1088 H A H A H A H		7
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<u> </u>	
					P# 2:	<u>רו</u>
B. If amending the registered agent and/or agent and/or the new registered office address.		lice address on our rec	or <b>as, <u>enter (ne n</u></b>	ame or-me	ro Co	isteret
Name of New Registered Agent:	N/A			, <u> </u>		
New Registered Office Address:	N/A					
	-	Enter Florid	u street inklress			
			, Florida			
		City		Zıp Со	de	

## 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

(((H21000257758 3)))

## 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

Page 14 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SAMPET INVESTMENTS LLC	1200 MEADOWS BLVD	<b>≅</b> Add
		WESTON, FL 33327	Remove
			□ Change
<del></del>			□Add
			□ Кенюче
			Change
			🗆 Add
			□Remove
			Change
			□ Add
			□ Rегно∨е
			□ Change
			□ Add
			Пепюче
			Change
			(☐Add
			□Remove
			□ Change

Page: 5 of 5

(((H21000257758 3)))

1-305-503-9351

N/A			
			<del></del>
	<del></del>		<del></del>
			-
			- <del>-</del>
			<del></del>
			20:
		<u>~</u>	<del>-</del> -
		A 77 30 72 20 72	_&_
		. e	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	<u> </u>
		O.K.	9
fective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this becoment's effective date on the D	st be specific and cannot be prior to date of fill lock does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuan ory filing requirements, this date will not	it to 605.02 be fisted a
record specifies a delayed effection is filed.	e date, but not an effective time, at 12:0	OI a.m. on the carlier of: (b) The 90th d	ay after th
o7/02	2021		
	~~~	1800	
	· · · ·	e serve 1 / ·	
	Signature of a member or authorized repre-	sentative of a member	<del></del>