## L16000200121

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(	<b>,</b>	
(Cit	y/State/Zip/Phone	e #)
	<b>—</b>	
☐ PICK-UP	☐ WAIT	∐ MAIL
		•
(Bu	siness Entity Nar	ne)
,00	omooo Emary Mar	110)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	
. <u> </u>		

Office Use Only



700292670887

12/19/16--01015--006 \*\*25.00



DEC 2 1 2016
Y SULKER

## **COVER LETTER**

TO:	Registration Se Division of Cor				
\$11D IE4		ENTAL ART, LLC			
SUBJE	ci:		ited Liability Company		
The enc	Name of Limited Liability Company  neclosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  ARTURO MEJIA  Name of Person  A M ACCOUNTING AND TAXES, LLC  Firm/Company  4694 PALM AVE. SUITE 202-A  Address  HIALEAH, FL 33012  City/State and Zip Code  amejia@amaccountingtax.com  E-mail address: (to be used for future annual report notification)  rither information concerning this matter, please call:  JRO CUEVA  Name of Person  Area Code  Daytime Telephone Number  seed is a check for the following amount:  25.00 Filing Fee  \$55.00 Filing Fee				
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		ARTURO МЕЛА			
			Name of Person		
		A M ACCOUNTING ANI	D TAXES, LLC		
		Firm/Company			
		4694 PALM AVE. SUITE	202-A		
			Address		****
		HIALEAH, FL 33012			
			City/State and Zip Cod	e	
				<del></del>	
For first	er information o	•		al report notifica	ition)
		oncerning this matter, prease co			
ARTUR ———					
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclosed	d is a check for th	ne following amount:			
\$25.	.00 Filing Fce		□ \$55.00 Filing Fee Certified Copy (additional copy is e.		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	Registr Divisio Clifton 2661 E:	ET/COURIER ation Section n of Corporati Building xecutive Cente ssec, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIQUE DENTAL ART, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C	company were filed on 10/31/2016	and assigned
Florida document number L16000200121		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		36.
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or regist		s, enter the name of the n
registered agent and/or the new registered office addi	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
		orida
	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>	Address	Type of Action
MGR	CHRISTIAN T VASQUEZ	4694 PALM AVE. SUITE 204	
		HIALEAH, FL 33012	■ Remove
			☐ Change
MGR	ARTURO CUEVA	4694 PALM AVE. SUITE 204	<b>■</b> Add
		HIALEAH, FL 33012	□ Remove
			Change
		□ Add	
			Remove
			SSE Change SSE Change SSE Change SSE Change SSE Change Show the state of the state
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change

•					
	****				
 	<u> </u>				
 	···· · · · · · · · · · · · · · · · · ·		· · · · · · <u>· · · · · · · · · · · · · </u>		
***************************************		<del></del>			
 <del></del>		_		<del></del>	
 		- <del></del>	<del></del>		
 			ien "		
				è de	
			ASS.	<u></u>	<del></del>
 			14)	_ <u>ເລ</u>	100
			斯 <u>年</u>	PH -	- Immer
	150		LORIOA	62 -	\$30.40 kg;
	-		). A	150	<del></del>

Page 3 of 3

Filing Fee: \$25.00