

L16 000 21440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

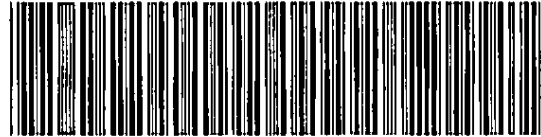
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300356832983

12/23/20--01015--009 **25.00

2/2/21
SA

FILED
2020 DEC 23 PM 12:07

COVER LETTER FOR ARTICLES OF AMENDMENT FOR
TWO (2) FLORIDA LLCs

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Name Change of Two (2) Florida LLCs

Name Change #1

Prior LLC Name: Operation Dental LLC
FL Document Number: L160021440
Proposed New Name: MR Dental Consulting LLC

Name Change #2

Prior LLC Name: Ikigai Dental Management, LLC
FL Document Number: L18000110149
Proposed New Name: Operation Dental LLC


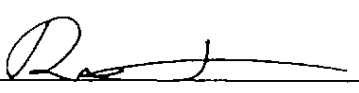
Attached with this letter is (1) an executed Articles of Amendment to Articles of Organization of Operation Dental LLC, and (2) an executed Articles of Amendment to Articles of Organization of Ikigai Dental Management, LLC, both of which reflect the desired name changes described above.

As a Manager and Authorized Person of Operation Dental LLC (to be renamed MR Dental Consulting LLC), I certify that MR Dental Consulting LLC consents to the use of the name "Operation Dental LLC" by the Ikigai Dental Management, LLC entity.

If you have any questions, or need anything else please contact my attorney at the following:

Matthew Van Wagoner
201 S. Main Street, Suite 1800
Salt Lake City, Utah 84109
mvanwagoner@parsonsbehle.com
(801)-536-6708

Thank you

By:  
Name: Matthew Robinson
Title: Manager and Authorized Person of each entity

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Operation Dental 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:

Matthew Van Wagoner

Name of Person

Parsons Behle & Latimer

Firm/Company

201 S. Main Street, Suite 1800

Address

Salt Lake City, Utah 84111

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Van Wagoner

801

536-6708

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 DEC 23 PM 12:07

FILED

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

Operation Dental 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 11/23/2016 and assigned
Florida document number L1600021440.

This amendment is submitted to amend the following:

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

MR Dental Consulting 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)

FILED
2020 DEC 23 PM 12:07

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
20 DEC 23 12:07
Change
Add
Remove
Change

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

FILED
2020 DEC 23 PM 12:07

F. 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 December 18 2020

Signature of a member or authorized representative of a member

Matthew Robinson

Typed or printed name of signee

Filing Fee: \$25.00