117000006848

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SECRETARY OF STATES ON VISION OF CORPORATION

N COOPER

COVER LETTER

то:	Registration Sec Division of Corp			•
SUBJEC	TT: <u>Denta</u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		Eric Masson	, Chief Legal Officer Name of Person	
Dental Wha			ole, LLC Firm/Company	
- 110		13621 NW	12th St. Suite 120 Address	
		Sunrise, F1	. 33323 City/State and Zip Code	
		legal@der E-mail address: ()	ntalwhate.com to be used for future annual report notif	lication)
For furth	er information co	oncerning this matter, please co	dl:	
Eric Masson Name of Person		Person	at (<u>404</u>) <u>537-5211 Ex</u> Area Code Daytime	t 8486 Telephone Number
Enclosed	l is a check for the	e following amount:		
□ \$ 25.	00 Filing Fec	S30.00 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:

TO:

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**

Dental Whale, 1.1.C (Name of the Limited Liability C	Company as it now appears on our records.)	
(A Florida Lin	nited Liability Company)	
he Articles of Organization for this Limited Liability Com	pany were filed on <u>January 9, 2017</u>	and assigned
orida document number <u>L17000006848</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	B VISI
		20
nter new mailing address, if applicable:		
		? ×
	-	1. 10 kg in 10 kg i
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	
egistered agent and/or the new registered office address	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address , Florida _	Zip Code

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>	Name	Address	Type of Action
_MGR	Little Lady, LP	_5742 SW 130th Ave	
		Southwest Ranches, FL 33330	🖸 Remove
			Change
AMBR	DW Companies, LLC	5742 SW 130th Aye	
		Southwest Ranches, FL 33330	□ Remove
			Change
			
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			
			☐ Remove
			Change
			Remove
			∏ Change

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Filing Fee: \$25.00