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(Req	uestor's Name)	
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COVER LETTER

TO:		ation Sect n of Corpo			•
end n		20 Canan	y Palm Cir LLC		
SUBJI	EC1:		Name of Limi	ited Liability Company	
•					
The en	iclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all	correspond	dence concerning this matter	to the following:	
			United States Corporation	on Agents, Inc	
				Name of Person	
			United States Corporation	on Agents, Inc	
				Firm/Company	
13302 Winding Oak Court Suite A					
				Address	
			Tampa, FL 33612		
			Anne@212dentalcare.com	City/State and Zip Code n	
			E-mail address: (t	to be used for future annual report notifi	ication)
For fur	rther infori	nation cor	acerning this matter, please ca	ail:	
Antho	ny Santa			at ()	
		Name of I	erson	Area Code Daytime	Telephone Number
Enclos	ed is a che	ck for the	following amount:		
■ \$2	5.00 Filing	z 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6720 Canary Palm Cir 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 $\frac{2/17/17}{1}$ Florida document number _____L17000038986 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__. Florida _

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> MGR	<u>Name</u> William Santamaria	Address 21944 Town Place Dr	Type of Action
		Boca Raton, FL 33433	
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If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	uirements, this date will not be list	ted
on the Department of State & records.		
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ecord specifies a delayed effective date, but not an effective time, le 90th day after the record is filed.	, at 12:01 a.m. on the earli	er
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d August 28.		
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Signature of a member or authorized representative of a n		
of a member of authorized representative of a n	nember	
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Filing Fee: \$25.00