

L17 000039908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

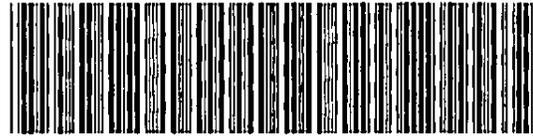
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/8/21
TMM

Office Use Only



800364260648

04/19/21--01021--004 **25.00

21 APR 19 AM 10:04
RECEIVED
STATE OF MARYLAND
DEPARTMENT OF COMMERCE
REGISTRATION CENTER

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

21 APR 19 AM 10: 04

American Academy of Dental Science

(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 February 20, 2017 and assigned Florida document number L17000039908.

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

_____, 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

21 APR 19 AM 10:04

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Manuel De Leon	1140 SE 18th Place	<input type="checkbox"/> Add
		Ocala, FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	X Investments International LLC	1140 SE 18th Place	<input checked="" type="checkbox"/> Add
		Ocala, FL 34471	<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

2024 APR 21 10:04 AM

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

See following attachments:

21 APR 19 AM 10: 04

Declaration by Manual De Leon

Purchase Agreement

Amendment A

Attachment B

E. 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 April 12, 2024

Signature of a member or authorized representative of a member

Dr. Astrid Sand

Typed or printed name of signee

AMENDMENT "A"

The OPERATING AGREEMENT of the American Academy of Dental Science, LLC, (the "company"), with Florida Document Number L17000039908, is amended as follows:

"III. Members.

A. Members. The Members of the Company (jointly the "Members") and their Membership

Interest in the same at the time of adoption of this Agreement are as follows:

Dr. Astrid Sand, 49%

X Investments International, LLC (Florida Document Number L20000193788), 51%"

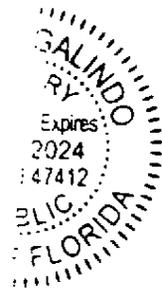
By signing this document, I affirm the accuracy and validity of this Amendment to the Operating Agreement of the American Academy of Dental Science, LLC.

dec 16 2020

Date



Dr. Astrid Sand, Manager



State of FLORIDA

County of Marion

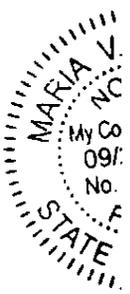
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of December, 2020 by Astrid Sand, who is personally known to me or produced a State Driver License as identification, regarding the attached instrument described as 5530-000-66-847-0 and to whose signature this notarization applies.



Maria V. Galindo
notary public signature

Maria Victoria Galindo
notary public printed name

FL-2001-404



ATTACHMENT "B"

Initial Contribution of New Member

The initial contribution of the new member of the American Academy of Dental Science, LLC, is as follows:

Authorized Signature: _____



Ximena Sandoval, Manager, X Investments International LLC

Contribution:

Cash: \$139,551



State of FLORIDA

County of Marion

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of December, 2020 by Ximena Sandoval Pereira, who is personally known to me or produced a State ID as identification, regarding the attached instrument described as 5531-940-64-784-0 and to whose signature this notarization applies.



SEAL

Maria V. Galindo
notary public signature

Maria V. Galindo
notary public printed name

FL-2001-ACK



DECLARATION

To all persons and entities concerned:

Let it be known that I, MANUEL DE LEON, an Authorized Member of the American Academy of Dental Science, LLC, (the "Company"), with Florida Document Number L17000039908;

Per Sections III.D and E, in the Operating Agreement of the Company;

And for good and valuable consideration;

I hereby withdraw from the Company and relinquish 100% of my interest to the remaining members of the Company.

I make and sign this Declaration freely and without coercion.

12-16-20

Date

Manuel H. De Leon.

Manuel De Leon



State of FLORIDA

County of Marion

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of December, 2020 by Manuel A. De Leon, who is personally known to me or produced a Driver License as identification, regarding the attached instrument described as D454-541-53-172-0 and to whose signature this notarization applies.



SEAL

[Handwritten Signature]
notary public, signature

Maria V. Galindo
notary public, printed name

FL-2001-ACK



PURCHASE AGREEMENT

The following PURCHASE AGREEMENT was made on MAY 02, 2020, between:

The AMERICAN ACADEMY OF DENTAL SCIENCE, LLC, (the "Company"), with Florida Document Number L17000039908;

And;

X INVESTMENTS INTERNATIONAL, LLC (the "Purchaser"), with Florida Document Number L20000193789

The terms of the purchase are as follows:

1. The value of the Company is \$273,629.00.
2. The Company grants 51% interest in the company to the Purchaser, for the purchase price stated below.
3. The price of said purchase is \$139,551, (51% of the value of the Company).
4. The purchaser shall make an initial payment to the Company in the amount of \$85,000.
5. The purchaser shall make monthly installment payments to the Company in the amount \$10,000 for six months.
6. Purchaser further agrees to be an Authorized Member of the Company, and to be bound by the rules and conditions of the Operating Agreement of the Company.

This Purchase Agreement is agreed to, and confirmed by, the representatives whose signatures are affixed below.

dec 16 2020

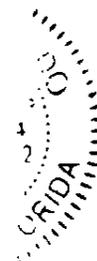
Date

Dr. Astrid Sand, Manager
American Academy of Dental Science, LLC

DIC. 16 2020

Date

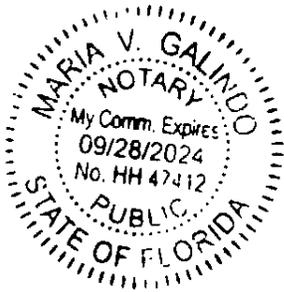
Ximena Sandoval, Manager
X Investments International, LLC



State of FLORIDA.

County of NARHON

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of December, 2020 by Astrid Sand, who is personally known to me or produced a State Driver License as identification, regarding the attached instrument described as 5530-000-66-849-0 and to whose signature this notarization applies.



SEAL

[Signature]
notary public signature

Maria V. Galindo
notary public printed name

FL-2001-ACK

Linnea Sandoval Pereira

Florida ID Card 5531-940-64-784-0

