

L17 000039908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

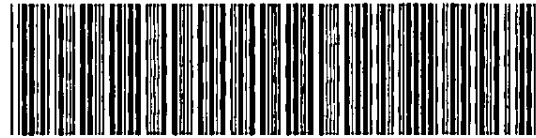
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/8/21
TMM

Office Use Only



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

21 APR 19 AM 10:04
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Academy of Dental Science

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:

Dr. Astrid Sand

Name of Person

American Academy of Dental Science

Firm/Company

1140 SE 18th Place

Address

Ocala, Florida, 34471

City/State and Zip Code

DRSandus@yahoo.com

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

For further information concerning this matter, please call:

Andrew Sand

714 222-5875

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

DECLARATION OF INTEREST

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 |
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| | | | <input type="checkbox"/> Change |

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

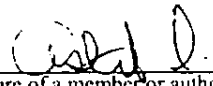
E. Effective date, if other than the date of filing: _____ (optional)

(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

Filing Fee: \$25.00

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.

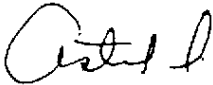
A. Members. The Members of the Company (jointly the "Members") and their Membership Interest in the same at the time of adoption of this Agreement are as follows:

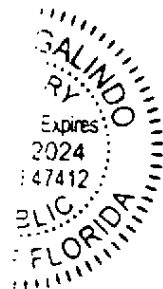
Dr. Astrid Sand, 49%

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

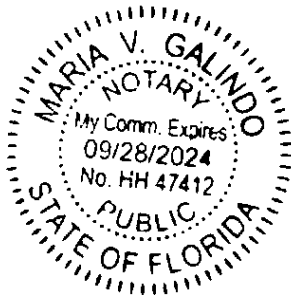

Dr. Astrid Sand, Manager



State of FLORIDA

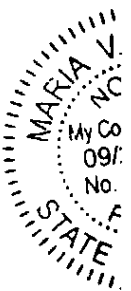
County of Marion

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 V. Galindo
notary public printed name

FL-2001-A01

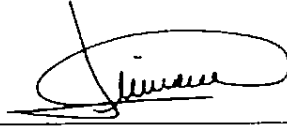


ATTACHMENT "B"

Initial Contribution of New Member

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

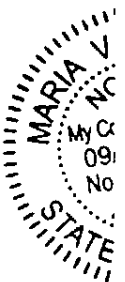
Authorized Signature: _____



Ximena Sandoval, Manager, X Investments International LLC

Contribution:

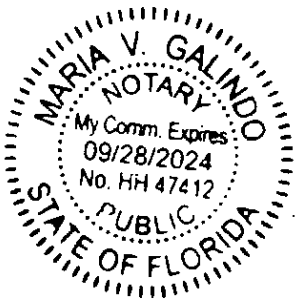
Cash: \$139,551



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.

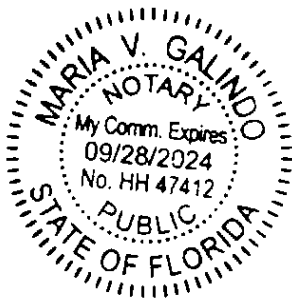
Manuel De Leon



State of FLORIDA

County of MARTIN

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

[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

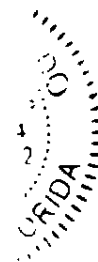
Date

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

DIC. 16 2020

Date

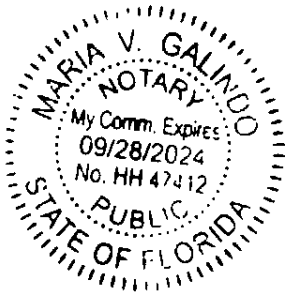
Ximena Sandoval, Manager
X Investments International, LLC



State of FLORIDA.

County of NARROW

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.



SEAL

Maria V. Galindo
notary public signature
Maria V. Galindo
notary public printed name

FL-2001-ACK

Linnea Sandoval Pereira

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

