Page 2 of 6



11/29/2017

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000312249 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

: (323)952-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECTOR M/MG RESIGN NCD DENTAL, LLC

Certificate of Status Certified Copy Page Count 05 \$55.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN MDV 3 0 2017

TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	NCD DENTAL, LLC						
SOMECT		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	indence concerning this matter	to the following:				
		Cheyenne Moseley					
			Name of Person				
		Legalzoom.com, Inc.					
	Firm:Company						
101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203							
			City/State and Zip Code				
		davidsantanadmd@gmai	Leom to be used for future annual report notific	oution).			
12 Complement				.44011			
ror lutther i	птогивиоп с	oncerning this matter, please c					
Cheyenne Moseley			800 773-0888 ext. 9724 at () Area Code Daytine Telephone Number				
	Name o	l'Person	Area Code Daytime	Telephone Number			
Enclosed is:	a check for th	he following amount:					
□ \$25.00 I	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)			
	MAIL	ING ADDRESS:	STREET/COURIE				

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

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

To: Page 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCD DENTAL, LLC			
(Name of the Limited Lia (A Flo	bility Company as it norida Limited Liability C	ow appears on our ompany)	records,)
The Articles of Organization for this Limited Liabilit Florida document number L17000050159		ed on 03/03/201	7 and assigned
This amendment is submitted to amend the following			
		noons bere	
A. If amending name, enter the new name of the	manted habitay cor	·	
The new name must be distinguishable and end with the words	"Limited Liability Com	pany," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	·	
	•	•	
Enter new mailing address, if applicable:		·····	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	egistered office ad address here:	uress on our r	ecords, enter the name of the nev
New Registered Office Address:			
		Enter Florida street	
		14 · · · · · · · · · · · · · · · · · · ·	Florida Zip Code
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete perfort d agent as provided tered office addres ge.	nance of my dut d for in Chapter s, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager 1thorized Member		
Title	Name	<u>Address</u>	Type of Action
AMBR	Natalia Rodriguez	11665 NW 83rd Way	⊠ Add
		Parkland, FL 33076	□ Remove
			☐ Remove
			
			Add
			Remove
			·
			D Remove
			🗖 Add
			C Remove
			 : =
			173dd 100 V = 100 V =
			ii
	_		
	Pa	ge 2 of 3	rn ထ

If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	: (optional) e of receipt or filed date and cannot be more than 90 days after of State)
Dated November 17 ,	2017
7058	208
Signature of a m	nember or authorized representative of a member
	David Santana
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

7 NOV 29 PM 12: 08