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COVER LETTER

	Registration Sec Division of Corp		·	r
eno iez		ada Ln, LLC		
SUBJEC ,	.1;	Name of Lim	ited Liability Company	·
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		United States Corporation	on Agents, Inc	
		·	Name of Person	
		United States Corporation	Name of Person ion Agents, Inc Firm/Company	
			Firm/Company	
13302 Winding Oak Court Suite A				
			Address	
		Tampa, FL 33612		
		Anne@212dentalcare.com	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notifi	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
Anthony Santamaria			561 899-4595	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	William Santamaria	21944 Town Place Dr Boca Raton, FL 33433	Type of Action
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ctive date, if other the effective date is listed, the effective date inserted in the inserted in the effective date of the effective date of the effective date.	date must be specific in this block does no	and cannot be prion t meet the appli	cable statutory t	or many than 00 days	optional) after filing.) Purs , this date will r	uant to 60 10t be lis
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d August 6	28/1	, <u>2018</u>	·			
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Page 3 of 3

Filing Fee: \$25.00