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(Re	equestor's Name)	
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## **COVER LETTER**

	gistration Sec vision of Corp			
CUBICT.		IDAR DDS LLC		
SUBJECT:		Name of Lim	ited Liability Company	- <u> </u>
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		MHD NADIM HAIDAR		
			Name of Person	
		NADIM HAIDAR DDS L	LC	
			Firm/Company	
		5908 STRADA CAPRI W	AY	
			Address	<del>-</del>
		ORLANDO, FL 32835		
		NHAIDARDDS@GMAIL.	City/State and Zip Code COM	
		-	to be used for future annual report n	otification)
For further in	nformation cor	cerning this matter, please ca	all:	
MHD NADI	IM HAIDAR		561 809-3391 at ()	
	Name of I	Person	Area Code Day	lime Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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



NADIM HAIDAR DDS 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 I	Liability Company were filed on	MARCH 23, 2017 and assigned	
Florida document number L17000066825	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if appli	cable:		_
(Principal office address MUST BE A STRE	ET ADDRESS)		_
	·		=
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			-
(Mailing address MAY BE A POST OFFICE	<u></u>		-
	·····		-
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the	new
Name of New Registered Agent:	MHD NADIM HAIDAR		-
New Registered Office Address:	5908 STRADA CAPRI WAY	,	
	Enter .	Florida street address	-
	ORLANDO	, Florida <sup>32835</sup>	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MHD NADIM HAIDAR	5908 STRADA CAPRI WAY	Add
		ORLANDO, FL 32835	☐ Remove
			Change
			Add
			☐ Remove
			Change
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lf an eft Note:	ive date, if other the fective date is listed, the call the date inserted in nent's effective date or	ate must be specific ar this block does not	nd cannot be prior to meet the applicab			ng.) Pursuant to 605.03	
ne red The	cord specifies a de 90th day after th	elayed effective e record is filed	date, but not	an effective time	e, at 12:01 a.m	n, on the earlier	of:
Dated							
		. \	elbo	- \\	,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00