H17000076720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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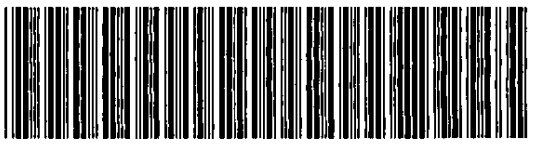

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17 JUN -2 PM 2:25

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JUN 05 2017

Thank you

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2017

2017 JUN -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TERRANCE JONES
5862 KELSEY LANES
SUNRISE, FL 33321

SUBJECT: PARAGON DENTAL FIX LLC
Ref. Number: L17000076720

We have received your document for PARAGON DENTAL FIX LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 617A00010079

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PARAGON DENTAL FIX LLC.

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

17 JUN -1 PM 2:25

The Articles of Organization for this Limited Liability Company were filed on 5-8-2017 and assigned Florida document number L17000076720

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PARAGON DENTAL FIX LLC

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)

5862 Kelsey Lane
SunRise, FL 33321
(TERRANCE JONES)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5862 Kelsey Lane
SunRise, FL 33321

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: TERRANCE K. JONES

New Registered Office Address: 5862 Kelsey Lane, SunRise, FL 33321
Enter Florida street address

SunRise, **Florida** 33321
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

Title	Name	Address	Type of Action
AP	CHRISTINA B. Hedrice	5862 Kelsey Lane Sunrise, FL 33321	☐ Add ☑ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
AP	TERRANCE K. JONES	5862 Kelsey Lane Sunrise, FL 33321	☑ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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

17 JUN -2 PM 2:25

E. Effective date, if other than the date of filing: MAY 5 2017 **(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 MAY 30, 2017.

Signature of a member or authorized representative of a member

TERRANCE K. JONES

Typed or printed name of signee

Filing Fee: $25.00 (Payed)

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