## L17000088285

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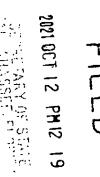
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## **COVER LETTER**

TO: R	egistration S ivision of Co	Section Orporations		
SUBJECT	Anita Pan	dey, DMD, LLC		
	• ———	Name of Li	mited Liability Company	
The enclose	ed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
		ondence concerning this matte		
		Anita Pandey		
			Name of Person	
		Anita Pandey, DMD, LLO		
			Firm/Company	<del></del>
		7265 SW 89th Street, Apt	. #714	
			Address	
		Miami, FL 33156		
		apandeydubey@gmail.com	City/State and Zip Code	<del></del>
			to be used for future annual report notif	cation)
For further i	nformation co	oncerning this matter, please c	all:	
Anita Pande	У		305 206-5709	
Name of Person		Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■</b> \$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)
<u>Mai</u> Reg	ling Address istration Se	<u>:</u> ection	Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Anita Pandey, DMD, LLC

2021 OCT 12 PM 12 19

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now ap rida Limited Liability Compa	penrs on our record ny)	HASSEE HARY
The Articles of Organization for this Limited Liability	y Company were filed on	4/20/2017	and assigned
Florida document number L17000088285	<del></del> ·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company	y here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," (	he designation "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			
	<del></del>		
3. If amending the registered agent and/or register	red office address on ou	r records, <u>enter</u> i	the name of the new regis
gent and/or the new registered office address here	<u>:</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter I	Torida street address	
_		Flo	rida
	City		Zip Code
ew Registered Agent's Signature, if changing Register	red 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	Gabriel Piedra	7265 SW 89th St, Apt. #714, Miami, FL 33156	( <b>5</b> 8 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 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. Signature of a member or authorized representative of a member Anita Pandey

Typed or printed name of signee