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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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SECRETARY OF STATE DIVISION OF CONTROL STATE

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COVER LETTER

TO: Registration Se Division of Cor				
Premier Des	ntistry of Boynton Beach Real	Estate Holdings LLC		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Daniel M. Casel, D.M.D			
		Name of Person	•	
	Premier Dentistry of Boyn	ton Beach Real Estate Holdings	LLC	
		Firm/Company		
118 S.E. 23RD Avenue				
·	Address			
,	Boynton Beach, FL 33435			
	doccasel@aol.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report	notification)	
For further information co	oncerning this matter, please ca	all:		
Daniel M. Casel, D.M.D		561 686-2077		
Name of	Person		time Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 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)	
MAILI	NG ADDRESS:	STREET/COU	RIER ADDRESS:	

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

TO:

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

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

Premier Dentistry of Boynton Be		•			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited L	iability Company	were filed on <u>04/24/20</u>	17	_ and assig	gned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designati	on "LLC" or the abbre	viation "L.L.	.c."
Enter new principal offices address, if applic	cable:	118 S.E. 23RD Aven	ue		5
(Principal office address MUST BE A STREE		Boynton Beach, FL		8	NSE.
		33435		NO	
				26	327
Enter new mailing address, if applicable:		118 S.E. 23RD Aven	ue	70	4일~
Mailing address MAY BE A POST OFFICE	BOX)	Boynton Beach, FL		ట	25 5 25 7
		33435		9	7
B. If amending the registered agent and registered agent and/or the new registered or Name of New Registered Agent:			records, <u>enter tho</u>	name o	f the ne
	118 S.E. 23RI	D Avenue			
New Registered Office Address:		Enter Florida stree	et address		
	Boynton Beac	h	, Florida <u>33435</u>	;	
		City		Zip Code	
New Registered Agent's Signature, if changing 1	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
			□ Remove
			□ Change
			🖸 Add
•			
			Change
			□ Remove
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	<u>9.</u>
ctive date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable statutory filing reament's effective date on the Department of State's records.	equirements, this date will not be listed
The state of the s	
ecord specifies a delayed effective date, but not an effective tim	e. at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	,
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L) .000	
	a member

Page 3 of 3

Filing Fee: \$25.00