117000151870

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\Box
	İ
Office Use Only	_



500301862615

07/28/17--01010--018 **25.00

ALLAHASSEE, FLORIDA

17 JUL 26 AH 11:49

123 0 2 2017 Y SULKER

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Hidden Ger	n Dental PLLC		
sonjeci.		Name of Limi	ted Liability Company	
T he e nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Pavel Krykhtin		
			Name of Person	
		Hidden Gem Dental PLLC		
			Firm/Company	
		4403 W Hillsboro Blvd		
			Address	
		Coconut Creek, FL, 33073		
		pk002i@yahoo.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please ca	all:	
Pavel Krykh	ntin		518 7276429	
	Name o	f Person		e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$ 25.00 F	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:

TO:

Registration Section

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

Hidden Gem Dental PLLC (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 Liability Company were filed on 7/17/17 _____ and assigned Florida document number 1.17000151870 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NOT AMENDING ADDRESS Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NOT AMENDING ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: NOT AMMEDING THIS Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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>	<u>Address</u>	Type of Action
AMBR	HELENA HOGAN	2921 NW 271'H AVE	Add
		BOCA RATON, FLORIDA	☐ Remove
		33434	☐ Change
	 		Add
			□ Remove
			□ Change
			Add
	<u> </u>		□ Remove
			∴ Change
			JUL 28
			Romaove -
		<u> </u>	OR Change
			□ Add
		 	☐ Remove
			□ Change
<u> </u>		<u> </u>	
			□ Remove
			Change

HELENA HOGAN OWNS 50 % OF HIDDEN GEM	DENTAL PI	J.C				
		<u> </u>				
				<u>.</u>		
		 		·		
			 			
					<u>:</u>	_=
					: ``. .	ے
				ي ج	77	28
	<u> </u>				1 1 1	A
				_		=======================================
					<u></u> -	67
tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be p If the date inserted in this block does not meet the appendix's effective date on the Department of State's reco	plicable statu	filing or more story filing r	(op than 90 days aff equirements, th	tional) ler filing.) Purs	suant to	0 605
ecord specifies a delayed effective date, but le 90th day after the record is filed.	not an eff	ective tim	ne, at 12:01	a.m. on t	he e	arlie
d JULY 25TH 2017						
	 _					

Page 3 of 3

Filing Fee: \$25.00