## 118000045576

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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	MSC Denta	l Holdings LLC		
JOBOLET.		Name of Limit	ed Liability Company	<del></del>
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Ptease return	all correspon	dence concerning this matter t	o the following:	
		Mitra Campbell		
			Name of Person	
		Self		
			Firm/Company	<del> </del>
		4302 W Barcelona St		
			Address	
		Tampa FL 33629		
		campbell.smc@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (to	be used for future annual report no	otification)
For further in	nformation co	ncerning this matter, please ca	11:	
Mitra Camp	bell		573 5787617	
	Name of	Person		ime Telephone Number
Enclosed is a	a check for the	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:

**Registration Section** 

TO:

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

F	ILED
'O SEP	),
	<sup>47</sup> 2:52
" CHII; (55	AM 2:52

MSC Dental Holdings 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 Liability Comp	any were filed on	2/20/2018	and assigned
Florida document number L18000045576			
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 I	Liability Company," th	e designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · ·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	MM	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		NV	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records,	enter the name of the new
Name of New Registered Agent:		(	
New Registered Office Address:	Enter F	lorida street address	
		, Flor	ida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance as provided for it	of my duties, and n Chapter 605, F.	I am familiar with and S. Or, if this document is
īr	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
	Scott Campbell	4302 W Barcelona St	
MGR			
		Tampa FL 33629	
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			Reprove
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. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	The state of the s
	n in the second
	7
	9/21/2018
(If an ci Note:	tive date, if other than the date of filing:  [cetive 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	9/21 2018
	$\mathcal{M}$
	Signature of a member or authorized representative of a member
	Mitro Comple!  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00