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COVER LETTER

DONIVAN A LIMITED LIABILITY COMPANY SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: IVAN A GUERRERO ESQ Name of Person Firm/Company Address 28 W FLAGLER STREET STE 555 MIAMI, FL 33130 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 5369088 IVAN A GUERRERO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

DON IVAN A LIMITED LIABILITY COMPANY		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/27/2018	and assigned
Florida document number 1.18000106601		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DENTAL MIAMI ONLINE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5558 NW 79TH AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	DORAL , FL 33166	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		2019 AUG 19 PH enter, the nowne of the no
	, Flori	ida
	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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GUERRERO, IVAN A	28 W FLAGLER STREET STE 555, MIAMI FL 33130	Add
			■ Remove
AMBR	VELASQUEZ, ALDO ENZO	28 W FLAGLER STREET STE 555, MIAMI FL 33130	
			■ Remove
MGR	IVAN A GUERRERO M	11272 NW 58TH TERRACE DORAL, FL 33178	■ Add
			Remove
			Change
MGR	YANETH C BRAHIN	11272 NW 58TH TERRACE DORAL, FL 33178	
			□ Remove
			Change
			Add
			☐ Remove
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ective date, if other than th	a data of filing			lor	tional)	
effective date is listed, the date mue: 1 If the date inserted in this barnent's effective date on the I	ust be specific and of ock does not me	cannot be prior to eet the applicabl	date of filing or m le statutory filin	ore than 90 days at	ter filing.) Pursuant t	o 605.020 e listed a
record specifies a delaye he 90th day after the re		ate, but not a	an effective t	ime, at 12:0:	. a.m. on the e	arlier (
ed	,	2019	. •			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00