## L18000150314

| (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: |
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## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor         |  |   |  |  |  |
|-----------|--|--|---|--|--|--|
| CUD IE    |  | N DENTAL ASSOCIATES LI                       | LC  |  |  |  |
| SUBJEC    | -I; <u> </u>                               | Name of Limi                                 | ited Liability Company  |  |  |  |
| The encl  | osed Articles of                           | Amendment and fee(s) are sub-                | mitted for filing.  |  |  |  |
| Please re | turn all correspo                          | ndence concerning this matter                | to the following:   |  |  |  |
|           |  | RUBEN D. TORO                                |   | ress  and Zip Code  uture annual report notification)  7 370-6445  a Code Daytime Telephone Number  Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy  nal copy is enclosed) Certified Copy |  |  |
|           |  | RUBEN TORO P.A.                              | Name of Person  | <del></del>  |  |  |
|           | Firm/Company 7901 KINGSPOINTE PKWY STE. 31 |  |   |  |  |  |
|           |  | ORLANDO FL 32819                             | Address   | <del></del>  |  |  |
|           |  | accounting@rubentorocpa.c                    | City/State and Zip Code   |  |  |  |
|           |  | E-mail address: (1                           | to be used for future annual report noti                            | fication)  |  |  |
| For furth | er information c                           | oncerning this matter, please ca             | all:  |  |  |  |
| Ruben E   |  |  | at ()   |  |  |  |
|           | Name o                                     | f Person                                     | Area Code Daytim  | e Telephone Number   |  |  |
| Enclosed  | l is a check for th                        | ne following amount:                         |   |  |  |  |
| \$25.     | 00 Filing Fee                              | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status &  |  |  |

MAILING ADDRESS:

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

| AMERICAN DENTAL ASSOCIATES LLC   |   |
|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | any as it now appears on our records.) Liability Company)         |
| The Articles of Organization for this Limited Liability Company  | were filed on 06/19/2018 and assigned                             |
| Florida document number L18000150314   |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liab  | oility company here:  |
| AMERICAN DENTAL & ESTHETICS ASSOCIATES LLC   |   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>  |
|  |   |
|  |   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   | 7.2   |
|  | Dr. 2   |
|  | ``  |
| 3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida street address                                      |
|  | , Florida   |
|  | 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> <u>Name</u> <u>Address</u> | Type of Action |
|---|----------------|
| EDEGAR A. PINTO 610 CAMDEN RD. AMBR     |                |
| AWDR                                    |                |
| ALTAMONTE SPRINGS FL                    |                |
| 32714                                   | □ Remove       |
|   |                |
|   | Change         |
| AMBR BENEDITO M. PINTO 610 CAMDEN RD.   |                |
|   |                |
| ALTAMONTE SPRINGS FL<br>32714           |                |
| 32/14                                   | □ Remove       |
|   | ■ Change       |
| GILBERTO FERNANDES 2737 MONTICELLO WAY  | -1             |
| AMBR MAGALHAES JR.                      | <u> </u>       |
| KISSIMMEE FL 34741                      | 를 의 <b>가</b>   |
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|                           |   |  |                                  |                  |                 | , 22×         | . •                     |              |
| (If an effect<br>Note: If | date, if other than to<br>ive date is listed, the date<br>the date inserted in this<br>it's effective date on the | must be specifie a<br>s block does not | nd cannot be pri<br>meet the app | icable statutory |                 |               |                         |              |
|                           | rd specifies a delar<br>Oth day after the r   |  |                                  | not an effect    | tive time, at 1 | 12:01 a.m. on | the ea                  | arlier d     |
|                           | ptember 26  |  | 2018                             |                  |                 |               |                         |              |
| Dated Sc                  |   |  | - , <del></del>                  |                  |                 |               |                         |              |
| Dated                     |   | 5A                                     | 1 _                              |                  |                 |               |                         |              |

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Filing Fee: \$25.00