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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APOLLONIA DENTAL SERVICES LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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

FILED

2019 DEC 10 P 2:39

APOLLONIA DENTAL SERVICES LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/30/2018 and assigned
Florida document number L18000181563

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."

Enter new principal offices address, if applicable:

7105 SW 8TH ST SUITE 106

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL. 33144

Enter new mailing address, if applicable:

7105 SW 8TH STE SUITE 106

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL. 33144

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:

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>	<u>Type of Action</u>
MGR	ILEANA CABEZA MCALLISTER	159 NW 36TH ST	☐ Add
		MIAMI, FL. 33127	☒ Remove
			☐ Change
MGR	ANA YSABEL PALACIOS	7105 SW 8TH ST SUITE 106	☒ Add
		MIAMI, FL. 33144	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional).

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Dec 12nd 2019

X

Signature of a member or authorized representative of a member

MANUEL LOFORTE

Typed or printed name of signer

Filing Fee: \$25.00