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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION OF BEAM 8: 41

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## **COVER LETTER**

TO: Region ather Section Division of Corporations	
Division of Corporations  SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CAPOLINE DAVID LOVIST	t
DENTI HOLDINGS LLC Firm/Company	
	ED STE 222
SALASOTA, R. 34243  City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
Name of Person David LOV SA at (94) Area Code Da	ytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: 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

<u>DCNITA HOLDINOS</u>	uc			
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>118001214104</u> .	v were filed on	9/10/18	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here	:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	gnation "LLC" or the abbi	reviation "L.	L.C."
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			<del>oo</del>	VISIO
			<u> </u>	- 불濟 - <del></del>
			8	
Enter new mailing address, if applicable:			A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			ထ္	24 C 24 T.
		·	<u>£</u>	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ur records, <u>enter tl</u>	he name	of the n
Name of New Registered Agent:				·
New Registered Office Address:				<del></del>
	Enter Florida	street address		
		, Florida	Zip Code	
	City		z:p 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>	Address	Type of Action
myc	DAVID LOVISA	1991 GLENBOUKE IN	Add
•		1991 GLENBOUKE IN SARASUTA, FL 34245	Remove
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Effective date, if other than the date of filing: (optional) [fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.  Dated		_
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The 90th day after the record is filed. $Q = \frac{14-18}{3}$	g.) Pursuant to 60	)5.0207 sted as
Dated 9-14-18	on the earl	ier of
Dowd Lovis 9 Caroline		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00