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(Requ	lestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP		MAIL
(Busin	ness Entity Name	e)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2020

ANTHONY RUMORE 515 SW 1ST AVE FT LAUERDALE, FL 33301

SUBJECT: DENTALDRIVE LLC Ref. Number: L18000237882

We have received your document for DENTALDRIVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 020A00000979

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www.sunbiz.org



THE LAW OFFICES OF

Anthony Rumore, P.A.

515 Southwest First Avenue • Fort Lauderdale, FL 33301 Phone: (954) 942-2414 | Fax: (954) 942-2415 rumorelaw.com

January 21, 2020

Florida Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

SUBJECT: DENTALDRIVE, LLC. Ref. Number: L18000237882

Dear Ms. Wood:

Enclosed please Article of Amendment to Articles of Organization of DENTALDRIVE, LLC. with a copy of proof of active entity authorized to transact business in Florida.

Kindly proceed with the filing of the changes of the registered agent in the State of Florida.

Should you have any questions, or require anything further, please do not hesitate to contact our office. Thank you for your consideration.

Respectfully yours,

Respectfully yours,

ANTHONY RUMORE, P.A.

By: Anthony Rumore, Eso

Enclosures

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۰ ^۱		COVER LETTER	
TO: Registration S	ection		
Division of Co			
SUBJECT:	DRIVE LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	braitted for filing	
	ondence concerning this matte	-	
		500	
	ANTHONY RUMORE,	Name of Person	
	LAW OFFICE OF ANTI		
		Firm/Company	
	515 SW IST AVENUE		
	· · · · · · · · · · · · · · · · · · ·	Address	·
	FORT LAUDERDALE, 1	FL 33301	
	TRUMORE@RUMOREL	City/State and Zip Code AW COM	
		(to be used for future annual report notification)	
For further information c	concerning this matter, please	call;	
ANTHONY RUMORE		954 379-2205 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for it	te following amount:		
🛢 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u>	
Division of C	orporations	Registration Section Division of Corporations	
P.O. Box 632 Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENTALDRIVE LLC		
(Name of the Limited Liability Compa (A Florids Limited 1	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000237882	were filed on 10/08/18 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "I imited Liabil	ity Company," the designation "LLC" of the abbreviation "	<u>.</u>
	ity Company," the designation "LLC" or the abbreviation " 515 SW IST AVENUE	1.5 2020
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		1020 JAN
Enter new principal offices address, if applicable:	515 SW IST AVENUE	1.2020 JAN 22
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	515 SW IST AVENUE	N The
Enter new principal offices address, if applicable:	515 SW IST AVENUE FORT LAUDERDALE, FL 33301	N The

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	ANTHONY RU	JMORE, P.A.
New Registered Office Address:	515 SW 1ST AVENUE	
	Enter Flori	da street address
	FORT LAUDERDALE	
	Ciŋ	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
CEO	DIMITRI LOPEZ	II 52 N UNIVERSITY DR. SUITE #305	🖸 Add
		PEMBROKE PINES, FL 33024	=Remove
			□Change
AMBR	RONALD MARTINEZ	PO BOX 812481	🖬 Add
		BOCA RATON FL 33481-2481	🗆 Remove
			□Change
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			🗆 Remove
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Page 2 of 3

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

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. November 22 2019 Dated Signature of a member or authorized representative of a member

DIMITRI LOPEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00