

L18 000 288115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

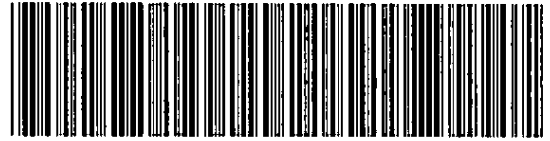
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2019 MAY -2 AM 8:05  
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EFFECTIVE DATE

May 13, 2019

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MAY 14 2019

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**SUBJECT:** Valiant Dental Lab LLC  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person	Valiant Dental Lab LLC
Firm/Company	7423 DuClay Forest Dr. East.
Address	Jacksonville, Florida 32244
City/State and Zip Code	drew@valiantdentallab.com
E-mail address: (to be used for future annual report notification)	

Drew Hutcheson                      904          414-1721  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

☐ \$25.00 Filing Fee      ☒ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE  
MAY 13, 2019

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2019 MAY -2 AM 8:05

Valiant Dental Lab LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/17/2018 and assigned  
Florida document number L18000288115

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:

(Principal office address MUST BE A STREET ADDRESS)

7901 Baymeadows Way

Suite 23

Jacksonville, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 Baymeadows Way

Suite 23

Jacksonville, FL 32246

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:

Drew Hutcheson

New Registered Office Address:

7901 Baymeadows Way, Suite 23

Enter Florida street address

Jacksonville

Florida 32246

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

TC

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	Dawit Adugna	3039 Front Road	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chris Clark	4543 Reed Bark Lane	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated

Signature of a member or authorized representative of a member

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee