

L19000036368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

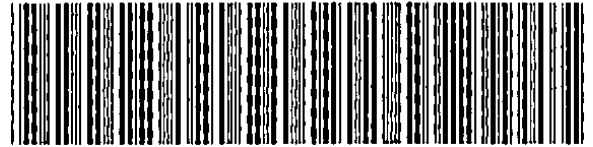
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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02/19/19--01001--011 #25

FILED IN 000325064530

2019 FEB 19 A 5:21
19 FEB 19 PM 12:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

CAPITAL CONNECTION, INC.

SUBJECT: R A DENTAL LABORATORY LLC
Ref. Number: L19000036368

We have received your document for R A DENTAL LABORATORY 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):

Name unavailable, conflict document number is P06000008467.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 519A00003589

RECEIVED
19 FEB 21 4:12:18

FILED
2019 FEB 1 A 5:11
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

R A Dental Laboratory LLC

Signature _____

Requested by: Seth

02/20/19

Name

Date

Time

Walk-In

Will Pick Up

121 Pender's Printing • Tallahassee, GA 32301

FILED
2019 FEB 19 AM 5:21
TALLAHASSEE, FLA.
CLERK OF COURT
JENNIFER L. BROWN
CLERK OF COURT

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

February 20, 2019

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Amendment for Name Change
R A Dental Laboratory, Inc.
Doc. No. L19000036368

FILED
2019 FEB 19 A 5:21
TALLAHASSEE, FL

To Whom it May Concern:

As President of Reliable Arts Dental Laboratory, Inc., I confirm that we have no objection to R A Dental Laboratory, LLC changing its name to Reliable Arts Dental Laboratory, LLC

Sincerely,

Reliable Arts Dental Laboratory, Inc., a Florida corporation

By: Michael L. Lamas
Name: Michael Lamas
Title: President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R A Dental Laboratory, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert J. Xiques

Name of Person

Law Offices of Jonathan A. Heller, P.A.

Firm/Company

14 NE 1st Avenue, Suite 1105

Address

Miami, FL 33132

City/State and Zip Code

albert@jhellerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Xiques

Name of Person

at (305) 793-0410

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

2019 FEB 19 1 51 PM '21

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 Feb. 18, 2019

Matthew Thomas Winstead

Signature of a member or authorized representative of a member

Matt Winstead

Typed or printed name of signer