# L19000038237

(Requestor's Name)
(,,
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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# Incorporating Services, Ltd.

·1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



#### ORDER FORM

FROM

**TO** , Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

**REQUEST\_DATE** 10/19/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1081125

ORDER ENTITY **DENTAL TODAY LLC** 

# PLEASE PERFORM THE FOLLOWING SERVICES:

DENTAL TODAY LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, October 19, 2022 Page I of I

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

FILED

Dental Today LLC

( <u>Name of the Limited Liab)</u> (A Flori	da Limited Liability Company)	orac.) IMCCAMASSEE, FL		
The Articles of Organization for this Limited Liability Florida document number $\frac{1.19000038237}{1.19000038237}$	Company were filed on 02/06/2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited liability company here:			
Dental Today Properties LLC				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ada	Enter Florida street address		
	•	Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Register	ed 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 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 **Title** <u>Address</u> **Type of Action** <u>Name</u> \_\_\_\_\_\_ 🗀 Change \_\_\_\_\_ □Change \_\_ \_ \_ Change □Remove □ Change \_\_\_\_\_ □Remove □ Change □Add \_\_\_\_\_ □Remove ☐ Change

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fective date, if other than the neffective date is listed, the date mate: If the date inserted in this becament's effective date on the listense.	Hock does not meet the ap	plicable statutory filin	(option nore than 90 days after f ag requirements, this	nal) iling.) Purswant to 605.02 date will not be listed.
ecord specifies a delayed effecti is filed.	ve date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
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September 29 ted		<del></del> ·		
september 29	111/1			
ted September 29	Signature of member or a			

Filing Fee: \$25.00