

L19000092379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

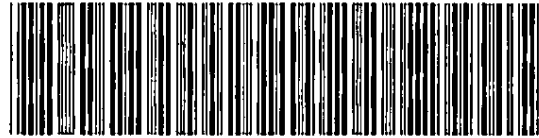
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2019

T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIVID DENTAL LABS, 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:

DONALD A. SHELTON

Name of Person

VIVID DENTAL LABS, LLC

Firm/Company

14221 SW 120 ST, SUITE 232

Address

MIAMI, FL 33186

City/State and Zip Code

donald@senioradvisorcorp.com

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

For further information concerning this matter, please call:

DONALD A. SHELTON

305 385-1880

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

VIVID DENTAL LABS 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 April 03, 2019 and assigned
Florida document number L19000092379.

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)

DONALD A. SHELTON

14221 SW 120 ST, SUITE 232

MIAMI, FL 33186 USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14221 SW 120 ST, SUITE 232

MIAMI, FL 33186 USA

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STATE OF FLORIDA
TALLAHASSEE

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:

New Registered Office Address:

14221 SW 120 ST, SUITE 232

Enter Florida street address

MIAMI

City

Florida

33186

USA

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

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
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

ARTICLE II: The mailing address of the Limited Liability Company is:

14221 SW 120 ST, SUITE 232

MIAMI, FL 33186 USA

ARTICLE IV: The name and Florida street address of the registered agent is:

SHELTON A DONALD

14221 SW 120 ST, SUITE 232

MIAMI, FL 33186 USA

ARTICLE V: The name and address of person(s) authorized to manage LLC:

DONALD A SHELTON

14221 SW 120 ST, SUITE 232

MIAMI, FL 33186 USA

MIGUEL A ALMEIDA JR

14221 SW 120 ST, SUITE 232

MIAMI, FL 33186 USA

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E. Effective date, if other than the date of filing: _____ (optional)

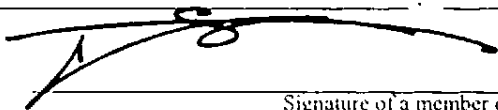
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 28 2019



Signature of a member or authorized representative of a member

DONALD A. SHELTON

Typed or printed name of signee