L19000099476

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June 9, 2020

DIEGO L RESTREPO, ESQ DIEGO L RESTREPO, P.A. 2600 SOUTH DOUGLAS ROAD STE 913 CORAL GABLES, FL 33134

SUBJECT: PIC DENTAL LLC Ref. Number: L19000099476

We have received your document for PIC DENTAL 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 220A00011352

www.sunbiz.org

District of Comments on D.O. DOV COOK M. D. 1. 1. 2001



Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

May 12th, 2020

Certified Mail Return Receipt Requested No. 7010 3380 0000 6307 6175

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

> Ref: Articles of Amendment to the Articles of Organization for PIC Dental LLC, a Florida limited liability company, (the "Company")

To whom it may concern:

Enclosed please find the Articles of Amendment for the company referenced above and check # 1886 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego/L. Restrepo, P.A.

Diego L.Restrepo, Eso

COVER LETTER

TO: Registration Se Division of Cor				
PIC DENT.	AL LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	DIEGO L. RESTREPO, E	SSQ.		
		Name of Person		
	DIEGO L. RESTREPO, P	.A.		
		Firm/Company		
	2600 SOUTH DOUGLAS	ROAD, SUITE 913		
		Address		
	CORAL GABLES, FLORIDA 33134			
		City/State and Zip Code		
	LUISA@RESTREPOLAW			
For further information co	n-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)	
DIEGO L. RESTEPO, E				
		305 447-9430 at ()		
Name of	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$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)	
Mailing Address Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIC DENTAL LLC

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

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The Articles of Organization for this Limited Liability Co Florida document number L19000099476	mpany were filed on 04/10/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	18851 NE 29 AVE, SUITE 700	
(Principal office address MUST BE A STREET ADDRE	MIAMI, FLORIDA 33180	
Enter new mailing address, if applicable:	18851 NE 29 AVE, SUITE 700	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33180	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name	of the new registe
Name of New Registered Agent: N/A		-
New Registered Office Address: N/A	Enter Florida street address	
	, Florida	
	City	Zip Code

Yew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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ffective date, if o	ther than the date of filing: (optional)
an effective date is lis	ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020
ocument's effective	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a date on the Department of State's records.
record specifies a d	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
MAY 12TH	2020 10
ated	
	li leap Mi
	Signature of a member or authorized representative of a member
	<i>'</i>
DIECOL	RESTREPO ESQ., AS AUTHORIZED REPRESENTATIVE

Filing Fee: \$25.00