

L19 000099476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

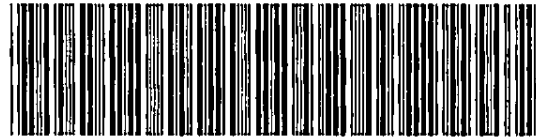
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only



900344503139

05/18/20--01024--001 *\$25.00

STATE OF CONNECTICUT
DEPARTMENT OF COMMERCE
111 HANOVER STREET, 3RD FLOOR
HARTFORD, CT 06103

2020 JUN 22 AM 11:42

FILED

JUN 23 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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



**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.

By: 

Diego L. Restrepo, Esq.

w/ enclosures

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PIC DENTAL 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:

DIEGO L. RESTREPO, ESQ.

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.COM

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

For further information concerning this matter, please call:

DIEGO L. RESTEPO, ESQ.

305 447-9430

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 JUN 22 AM 11:43
FILED
STATE OF FLORIDA
CLERK OF THE COURT
TALLAHASSEE

PIC DENTAL 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 04/10/2019 and assigned Florida document number L19000099476.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

18851 NE 29 AVE, SUITE 700

(Principal office address MUST BE A STREET ADDRESS)

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 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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida _____

City

Zip Code

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

Multiple horizontal lines for amending information.

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 MAY 12TH

2020

Handwritten signature of Diego Restrepo

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee