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(Requestor's Name)					
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JUN 2 9 2020 S. YOU'NG

COVER LETTER

TO: Registration Section Division of Corporations

AQUIDEL DENTAL SERVICES, LLC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

NERISSA AQUINO Name of Person AQUIDER DENTAL SERVICES, LLC Firm/Company 3415 SW EZLIS ST. Address PORT SAINT LUCIE IFZ City/State and Zip Code AQUIDEL DI @ GMAIL COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nunsca Acuino at (<u>772</u>) <u>204-3113</u> Name of Person Area Code Davime Telephone Number

Enclosed is a check for the following amount:

EL \$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)

<u>Mailing Address:</u> 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			
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ARTICLES OF O	RGANIZATION			
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AQUIDEL DENTAL SE (Name of the Limited Liability Compa (A Florida Limited I	RVICES, LLC			
(A Florida Limited I	iability Company)			
	were filed on June 21.	10 Ind assigned 7		
The Articles of Organization for this Limited Liability Company	were filed on $\bigcirc une \neq 1$	11 Indrassigned		
Florida document number <u>19000163573</u>		· · · ·		
		مد است		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
······································				
The new name must be distinguishable and contain the words "Limited Liabil	its Company," the decignation "I. I. (") or the sh	broviation "E.L.C."		
The new name must be distinguishable and contain the words. Fainted Flabin	ty company, the designation take of the ar	ofeelalisti tanae.		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new registered		
agent and/or the new registered office address here:	·			
Manage of Marson Davidstan of Assessed				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	, Florida			
	City	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 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
MGR	Gregorio Aquino	3415 SW ELLIS ST. PSL, FZ	_ 🗆 Add
	,		Remove
			_ 🗆 Change
			_ 🗆 Add
		. <u></u>	_ 🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 12:04 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	June	9	<u></u> <u>h</u>	A-20.	
				11	
			Signature of a member	or authorized tepre	sentative of a member
			NERISSA	AQUÍN	0
	Typed or printed name of signce				

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