

h19000222635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

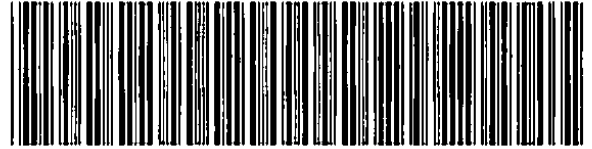
(Business Entity Name)

(Document Number)

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12/17/20
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENTRILOGY ACADEMY, 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:

JACKELYN POLANCO

Name of Person

DENTRILOGY ACADEMY, LLC

Firm/Company

9100 Belvedere Rd Suite 208

Address

West Palm Beach, FL 33411

City/State and Zip Code

dentriologyacademy@gmail.com

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

For further information concerning this matter, please call:

Jackelyn Polanco

561

358-7735

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**

DENTROLOGY ACADEMY, 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 09/03/2019 and assigned
Florida document number 1.19000222635.

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)

9100 Belvedere Rd

Suite 208

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9100 Belvedere Rd

Suite 208

West Palm Beach, FL 33411

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:

9100 Belvedere Rd Suite 208

Enter Florida street address

West Palm Beach

City

Florida 33411

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>
MGR	JOHNATHAN POLANCO	2374 BELLAROSA CIRCLE	<input type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JOHNATHAN POLANCO	2374 BELLAROSA CIRCLE	<input type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JOHNATHAN POLANCO	9100 Belvedere Rd	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input type="checkbox"/> Change
P	JACKELYN POLANCO	9100 Belvedere Rd	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?

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(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 (3X) **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.

Dated NOVEMBER 2, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00