## K19000280288

(Re	questor's Name)	•
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	■ WAIT	MAIL
	_	_
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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JUN 14 2021



May 17, 2021

MATTHEW FINNEY 12198 OBELIA LANE ORLANDO, FL 32827

SUBJECT: DENTTECH AUTMOITIVE SOLUTIONS, L.L.C.

Ref. Number: L19000280288

We have received your document for DENTTECH AUTMOITIVE SOLUTIONS, L.L.C. 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) 245-6051.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 121A00010390

## **COVER LETTER**

IO: Registration Se Division of Cor			
DENTTEC	HAUTOMOITIVE SOLUTIO	ONS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MATTHEW FINNEY		
		Name of Person	
	DENTTECH AUTOMOIT	TVE SOLUTIONS, LLC	
		Firm/Company	
	12198 OBELIA LANE		
		Address	
	ORLANDO/FL 32827		
	DENTGUY82@YAHOO.C	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please co	all:	
MATTHEW FINNEY		636 208-0102	
Name o	f Person	at () Area Code Daytime To	elephone Number
Enclosed is a check for the	ne following amount:		
<b>≅</b> ′\$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

DENTTECH AUTOMOTTIVE SOLUTIONS, LLC

company has been notified in writing of this change.

2022 JUN - 1 PM 5: 40

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	n our recorus.	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	<b>:</b>	
PROSTAR AUTOMOTIVE SOLUTIONS, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	**
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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	ords, enter the name of the new re	
New Registered Office Address:			
	Enter Florida	street address	
	<u></u>	, Florida	
	Ciţv	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my provided for in Cha	y duties, and I am familiar with a apter 605, F.S. Or. if this docume	ınd

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>	Name	Address	2022 JUH - 1 PH	Type of Action
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tive date, if other than the ffective date is listed, the date must. If the date inserted in this blument's effective date on the Defective date.	be specific and cannot be prior to cock does not meet the applicable	(opti date of filing or more than 90 days afte e statutory filing requirements, thi	onal) r filing.) Pursuant to 605.0 s date will not be listed
ord specifies a delayed effective filed.	date, but not an effective time	, at 12:01 a.m. on the earlier of: (t	The 90th day after t
MARCH 10	2021		
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