## L19000288487

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	-	<del>-</del>
Special Instructions to	Filing Officer:	
	<u>,</u>	

Office Use Only



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SECRETARY OF STATE

14/2/H

## **COVER LETTER**

TO: Registration S Division of Co			
	ntal Management, LLC		
30bacci	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		_	
	Daniel S. Friebis		
		Name of Person	
	Friebis & Associates	Name of Limited Liability Company  and fee(s) are submitted for filing.  Tring this matter to the following:  Friebis  Name of Person  Associates  Firm/Company  de Creek Drive Suite B  Address  ge, FL 32127  City/State and Zip Code  @kyrstin.net  E-mail address: (to be used for future annual report notification)  matter, please call:  at (386	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3890 Turtle Creek Drive S	Suite B	
	<u> </u>	Address	· ·-
	Port Orange, FL. 32127		
		City/State and Zip Code	<del></del>
	dan.friebis@kyrstin.net		
For further information c	concerning this matter, please c		ejxat notification)
Daniel S. Friebis		= :	-7915
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			<del></del>
Registration S Division of C			tion Section of Corporations
P.O. Box 632			tre of Tallahassee

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION FILED **OF**

2021 AUG 30 PM 2: 04

If Changing Registered Agent, Signature of New Registered Agent

L & L Dental Management, 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	November 20, 2019	and assigned
Florida document number 1.19000288487		
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	ne designation "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)	<u>-</u>	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:  Name of New Registered Agent:	r records, <u>enter the</u>	name of the new regis
New Registered Office Address:	Florida street address	
12.11K.		
City	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		rap Code
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for it being filed to merely reflect a change in the registered office address. I he company has been notified in writing of this change.	of my duties, and L n Chapter 605, F.S.	am familiar with and Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Shree Dental, LLC	640 S. Ridgewood Avenue	<b>=</b> Add
		Daytona Beach, FL. 32114	Remove
			□Change
			□Add
			□Remove
		<del></del>	
<del></del>			□Add
		<del></del>	□Remove
			□Change
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the a	pplicable statutory fili	(optional) more than 90 days after filing.) ng requirements, this date v	Pursuant to 605.0 will not be listed
e record specifies a delayed effect rd is filed.	tive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) The	90th day after t
Dated August 24	2021			
1 5/	al below			
Billion 22 4 1 4 1 1 5 1 4	Signature of a member or		e of a member	
Kney 22, LLC - E. Jo	seph LeCompte - Manage	printed name of signee		

Filing Fee: \$25.00