Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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- 1	То:	Division of Corporations Fax Number : (850)617-6383	SECRE	2020 FEB 18
	From:			
		Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING	SERVICES	Φ
		Account Number : I20180000072		>
		Phone : (305)820-3200	$-i\eta^{(1)}$	H
,		Fax Number : (305)820-2998	-'16,	Ö
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	**Enter	the email address for this business entity to be used for	future'	
	ann	nual report mailings. Enter only one email address please.	**	
<u>-</u>	Ema	ail Address:		
3				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCE AND GENERAL DENTAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help O SIMMONS FEB 1 9 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCE AND GENERAL DENTAL LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000033291	were filed on <u>01/27/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or th	e abbreviation , L.L.C.
		920 Fig.
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>
		m; +
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	·····
	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 Changing Registered Agent, Signature of New Registered Agent

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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 Type of Action Title | <u>Name</u> Address 15857 SW 85 LN MIAMI FL 33193 RITA C AYALA MGR _ □Remove Change _ 🗆 Add □Remove □ Change __ Change DbA□ □Remove □Change _ □Add □Remove

H200000529783

□Change

Effective date, if other than the date of filing:							-
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and N/L	Dated	Y,12	2020	·			
Signature of a member or authorized representative of a member		1	CALLY:				

* February 17, 2020 2047 To:18506176383.net2phone.com Fax:18506176383

Filing Fee: \$25.00