

L20 000047609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

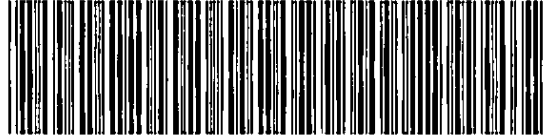
(Document Number)

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CLERK OF THE
COURT, ALABAMA

2020 OCT 19 AM 11:38

FILED

11/19/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENTAL CONCIERGE 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:

ERIKAL Baldwin
Name of Person

DENTAL CONCIERGE LLC.
Firm/Company

3330 NE 190 ST APT 912
Address

AVENTURA Florida 33180
City/State and Zip Code

ROSS@nationalCOINBROKER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIKA Baldwin at (305) 761 2451
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Dental Concierge 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 02/10/2020 and assigned
Florida document number L2 0000047609

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)

3330 NE 190 Street
APT 912, Aventura FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3330 NE 190 Street
APT 912, Aventura FL 33180

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:

Erika L. Baldwin

New Registered Office Address:

3330 NE 190 Street APT 912

Enter Florida street address

Aventura

City

Florida

33180

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>
P	Erika L Baldwin	3330 NE 190 St #912	<input checked="" type="checkbox"/> Add
		Miami, FL	<input type="checkbox"/> Remove
		33180	<input type="checkbox"/> Change
AP	Erika L Baldwin	3330 NE 190 St	<input checked="" type="checkbox"/> Add
		#912	<input type="checkbox"/> Remove
		Miami, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2020 OCT 19 AM 11:38
CLERK OF DISTRICT COURT
MIAMI, FL

2020 OCT 19 AM 11:38
TUESDAY
OCT 19
USMC, FL

2020 OCT 19 AM 11:38
U.S. AIR FORCE
AFSCN, FL

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/14/2020.

Signature of a member or authorized representative of a member

Erikal Baldwin

Typed or printed name of signer