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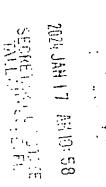
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
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Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	

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01/17/24--01010--008 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
	utal Sales, LLC		
SUBJECT:	Name of Lim	ited Liability Company	- 14th
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Belshe		
		Name of Person	
	Florida Dental Sales, LLC		
		Firm/Company	
	9647 Lost Creek Dr		ZOZY JAN TY
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	jamesbelshe@gmail.com		
		to be used for future annual report no	milication)
For further information of	oncerning this matter, please c	all:	
James Belshe		801 9536171 at ()	
Name o	t Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	action
Registration Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Moni	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Dental Sales, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u> Liability Company))
he Articles of Organization for this Limited Liability Company	were filed on 2/10/2020	and assigned
orida document number 1.20000051462		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ental Sales Solutions, LLC		024 SEC
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation, L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		## 55 60 60
iter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered office a	iddress on our records, <u>enter t</u> l	ne name of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

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	Type of Action
			Remove
			□ Change
			□ Add
			20th ge 7
			Remove
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗀 Add
			Remove
			☐ Change

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Jax Le	Signature of a member of authorized representative of a member	ated January II)24			
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Filing Fee: \$25.00