(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	EAD DENTAL REAL ESTATI	E, LLC		
SUBJECT:	Name of Lim	ited Lizbility Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BOYAN CHAKALOV			
		Name of Person		
	HOMESTEAD DENTAL	REAL ESTATE, LLC		
		Firm Company		
	83 NW STH STREET			
		Address		
	HOMETEAD, FL 33030			
		City/State and Zip Code		207 Si
	BOYAN@ME.COM		*	超
For further information c	h-mail address; ( oncerning this matter, please of	to be used for future unnual report notifall:	neation)	
BOYAN CHAKALOV		305 323 3393 at ()		4 05 8 5 05 8
Name o	f Person	Area Code Daytina	e Telephone Number	2024 JAN -3 AMID: 10 SECT VENESSEE, FL
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	LJ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>Mailing Addres</u> Registration 5		<u>Street Address:</u> Registration Sec	ction	
Division of C		Division of Cor		
P.O. Box 632	.7	The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 81	U

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMESTEAD DENTAL REAL ESTATE, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.20000064369}{1.20000064369}$ .	y were filed on FEBRUARY 26TH, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbrevi	lation "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)		2024 JAN
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of	the new Egistered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	. Florida	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	Name	Address	Type of Action
AMBR	THE BC REVOCABLE TRUST	41 SE 5TH STREET, APT 310, MIAMUFI, 33131	■ Add
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			II Change
			T Add
			Remove
			TChange
			□Remove
			SECULAR TIPE
	-		SCOPE TO
			TAT :: Change
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an effective date is listed, the da	ite must be specific at	nd cannot be prior	to date of filing o	r more than 90 day	s after filing.)	PuiSuigu to 60	)5.0207
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Filing Fee: \$25.00