

L20000083999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

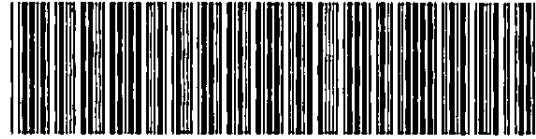
(Business Entity Name)

(Document Number)

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FILED  
2022 JUL 22 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FL





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2022

TEJAL JAMIDAR  
108 RIVERSIDE DRIVE  
ORMOND BEACH, FL 32176

SUBJECT: GRANADA DENTAL HOLDINGS LLC  
Ref. Number: W22000090882

We have received your document for GRANADA DENTAL HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Not sure what document number to are filing a change is it the one I sent a printout for? What changes are you making the name? I am enclosing an Amendment Form.

*I am changing the Name of Granada Dental PLLC to Granada Dental Holdings LLC,*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 822A00015378

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 JUL 22 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FL

Granada Dental PLLC

(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 03/17/2020 and assigned Florida document number L20000083999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Granada Dental Holdings LLC

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:

108 Riverside Dr

(Principal office address MUST BE A STREET ADDRESS)

Ormond Beach, FL

32176

Enter new mailing address, if applicable:

108 Riverside Dr

(Mailing address MAY BE A POST OFFICE BOX)

Ormond Beach, FL

32176

**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:

Tejal Jamidar

New Registered Office Address:

108 Riverside Dr

*Enter Florida street address*

Ormond Beach

City

Florida 32176

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

-Please change the name

-I changed article 3 articles of organization to not include licensed dentistry, I intend for the LLC to hold property not for it to be associated with the practice of dentistry

-Thank you, please email me at tejaljamidar@gmail.com if you have questions

-I also included the new articles of organization with the dentistry portion removed

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 6, 2022

Signature of a member or authorized representative of a member

Tejal Jamidar

Typed or printed name of signee

**Amended and Restated Articles of Organization for Florida Limited Liability Company**

**Article 1**

The name of the Limited Liability Company is:  
Granada Dental Holdings LLC

**Article 2**

The street address and mailing address of the principal office of the Limited Liability Company is:  
108 Riverside Dr  
Ormond Beach, FL 32176


**Article 3**

Other provisions, if any

**Article 4**

The name and Florida street address of the registered agent is:  
Tejal Jamidar  
108 Riverside Dr  
Ormond Beach FL 32176

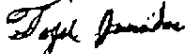
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent signature: Tejal Jamidar 

**Article 5**

The name and address of person (s) authorized to manage LLC:  
Title: AMBR  
Tejal Jamidar  
108 Riverside Dr  
Ormond Beach, FL 32176 USA

Signature of member or an authorized representative

Electronic signature: Tejal Jamidar 

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s

817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.