

L20 000 126 071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

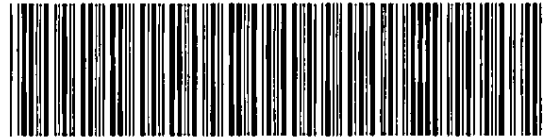
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIY DENTURES 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:

MITCHELL LOVELESS

Name of Person

DIY DENTURES LLC

Firm/Company

901 TOLSON ST SE

Address

PALM BAY, FL 32909

City/State and Zip Code

diydenturesllc@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

MITCHELL LOVELESS

315 378-8560
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

2025 FEB 21 AM 11:14
FILED
CLERK OF CIRCUIT COURT
JULIA M. S. JAMES, CLERK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIY DENTURES 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 MAY 11 2020 and assigned Florida document number L20000126071.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3425 Bayside Lakes Blvd SE

Ste 103 PMB 1047

Palm Bay, FL 32909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3425 Bayside Lakes Blvd SE

Ste 103 PMB 1047

Palm Bay, FL 32909

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:

MITCHELL LOVELESS

New Registered Office Address:

3425 Bayside Lakes Blvd SE Ste 103 PMB 1047

Enter Florida street address

Palm Bay

Florida

32909

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.

Mitchell Loveless

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>
AMBR	SCOTT LOVELESS	3425 Bayside Lakes Blvd SE	<input type="checkbox"/> Add
		Ste 103 PMB 1047	<input type="checkbox"/> Remove
		Palm Bay, FL 32909	<input checked="" type="checkbox"/> Change
AMBR	MITCHELL LOVELESS	3425 Bayside Lakes Blvd SE	<input type="checkbox"/> Add
		Ste 103 PMB 1047	<input type="checkbox"/> Remove
		Palm Bay, FL 32909	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SCOTT LOVELESS
MITCHELL LOVELESS
2023 JUN 21 AM 11:14
TALLAHASSEE, FL

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

Changing business address, registered agent address, AMBR addresses.

2023 FEB 21 AM 11:14
STATE
TAMM HOSPITAL

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 14 FEBRUARY 2023

Signature of a member or authorized representative of a member

MITCHELL LOVELESS

Typed or printed name of signee

Filing Fee: \$25.00