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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martinez DMD 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:

Alejandro Martinez
Name of Person

Martinez DMD LLC
Firm/Company

900 Brookshire Circle
Address

Malabar, FL 32950
City/State and Zip Code

Handro. J. Martinez @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Martinez at (801) 400-1937
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

Martinez DMD LLC

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>
AR	Alejandro Martinez	900 Brookshire Circle	<input type="checkbox"/> Add
		Malabar, FL 32950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alejandro Martinez	900 Brookshire Circle	<input checked="" type="checkbox"/> Add
		Malabar, FL 32950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated August 13th, 2020

Alejandro Martinez
Typed or printed name of s

Filing Fee: \$25.00