## LZO 000321795

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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12/14/20--01025--006 \*\*30.00



LA-1125/21

## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	N&V Dental, LLC    Name of Limited Liability Company		
Please return all correspo	ndence concerning this matter	to the following:	
	Vibhor Bidkar		
		Name of Person	
	N & V dental, LLC		
		Firm/Company	
	6142 N state rd 7, Apt 202		
		Address	<del></del>
	Coconut creek, FL-33073		
		City/State and Zip Code	
		to be used for future annual report no	diffication)
For further information co		-	ancanon)
	v		
<u> </u>	·	at ( )	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Section		
P.O. Box 632		The Centre of	
Tallahassee, I	TL 34314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N & V dental, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000321795  This amendment is submitted to amend the following:	y were filed on OCT 12 202	and assigned	
This amendment is submitted to amend the following.			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2020 S.F.	
(Principal office address MUST BE A STREET ADDRESS)		00 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, e	enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street (	uddress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my dutic provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is	

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>	Address	Type of Action
MGR	Nameeta Bidkar	6142 N state Rd7. Apt 202,	<b>=</b> Add
		Coconut Creek, Fl-33435	□Remove
			□Change
<del></del>			□Ađd
			□Remove
		<del> </del>	□ Change
		<del></del>	□Remove
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		<del> </del>	□Add
			□Remove
			□Change
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			□Remove
			□Change

Thank you					
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			<del> </del>		
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•					
ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Do	t be specific and canno ock does not meet th	it be prior to date o le applicable stat	filing or more than 90		
cord specifies a delayed effectiv a filed.	: date, but not an eff	fective time, at 1	2:01 a.m. on the earl:	ier of: (b) The 90th day	after the
7th December	202	20			
\ Wsl	Budt	· · ·			
	المستعدا				_
	Signature of a membe	er or authorized rep	resentative of a member	er	

Filing Fee: \$25.00