h21 000047644

(Re	questor's Name))
(Ad	dress)	-
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(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
(2	,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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Certified Copies	_ Certificate	es or Status
Special Instructions to	Filing Officer:	
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		5/21/21
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Office Use Only



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21 APR -2 PH 2: 51

COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJECT: DENTAL TEAM OF PLANTATION II LLC Name of Limited Liability Company				
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JACOB ELEFANT		
			Name of Person	
			Firm/Company	
801 S. FEDERAL HIGHWAY, #201		<u>.</u>		
		-	Address	
		DELRAY BEACH, FL 33	483	
			City/State and Zip Code	
		BARYI@BELLSOUTH.N		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please c	all:	
			at ()	e Telephone Number
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		——————————————————————————————————————	Division of Corporations	
	P.O. Box 632	.7	The Centre of T	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND THE STATE OF STATE **OF**

21 APR -2 PH 2:51

DENTAL TEAM OF PLANTATION II LLC

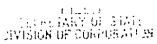
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L21000047644</u>	were filed on 01/26/2021 and assigned	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature if changing Registered Agents		

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 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



21 APR -2 PM 2:51

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BARI ROTH	801 S. FEDERAL HIGHWAY, #201	□Add
		DELRAY BEACH, FL 33483	
			□Change
			□Add
			□Remove
_			□Add
			Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets	JUNE JARY OF MARE JEVISION OF CORPORATION IN IT necessary.) 21 APR ~2 PM 2:51
	
	
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. Note: If the date inserted in this block does not meet the applicable:statutory filing requirement document's effective date on the Department of State's records	_ (optional) ays after filing.) Pursuant to 605,0207 (3 Kb ents, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier record is filed.	er of. (b) The 90th day after the
Dated MARCH 25 2021	
Jank Elefant	
Signature of a number or authorized representative of a member	
JACOB ELEFANT Typed or printed name of signee	

Filing Fee: \$25.00