

L21000051817

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2024 FEB 28 AM 9: 36

amend/ some Change

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	BRAUSA DENTA	AL SMILES DUNDEE LLC		
SUBJECT.	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Gabriel Terezi			
		Name of Person	•	
		Firm/Company	•	
	1160 HERON SOUND DI	R		
		Address	-	
	APOPKA, FL 32703			
		City/State and Zip Code	-	
	gabriel@gtzsolutions.us		. 2	
	E-mail address: (to be used for future annual report notification)	2024 FEB	****
For further information of	oncerning this matter, please c	all:		
Gabriel Terenzi		407 747-2972 at ()	28	
Name o	f Person	Area Code Daytime Telephone Number	9:3	j
Enclosed is a check for the	he following amount:		, i o	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
r.O. DOX 032	. /	The Centre of Tallanassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BRAUSA DENTAL					
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears o ability Company)	n our records.)			
The Articles of Organization for this Limited I Florida document number L21000051817	_iability Company v	were filed on 01/28	/2021	and	l assigr	ıed
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabil	ity company here	:			
DENTIST BY BRAUSA LLC						
The new name must be distinguishable and contain the	words "Limited Liabili	ry Company," the desig	gnation "LLC" or the	abbreviatio	n "L.L.C	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE)				·		
Enter new mailing address, if applicable:	- P.O.V.			25 - 53 - 50 - 50	2024 5 E B	457
(Mailing address MAY BE A POST OFFICE BOX)					28	1
						[****]
 If amending the registered agent and/or agent and/or the new registered office address. 		ddress on our reco	ords, <u>enter the na</u>	me of the	<u>neg r</u> သ	<u>egišter</u>
Name of New Registered Agent:	GTZ SOLUTIO	NS LLC				
New Registered Office Address:	1160 HERON S	OUND DR				
		Enter Florida	street address			
	APOPKA		, Florida ³	2703		
		City		Zip C	ode	

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>	Address	Type of Action
			□Adđ
			□Remove
			☐ Change
			□Add
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Sective date, if other than the n effective date is listed, the date mus ste: If the date inserted in this blocument's effective date on the December 2.	ock does not meet the appl	licable statutory filin	(optional) nore than 90 days after filinging requirements, this date) Pursuant to 605.020 will not be listed a:
ecord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) Th	e 90th day after the
February 23		·		
	RENATO A FOR			
	Signatura of a mambar or ou	thorized representative	of a member	
	Signature of a member of au	aiorized representante	or a memoer	