9/22/21, 12:31 PM

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To:

Division of Corporations

Fax Number : (850)617-6383

HE From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : I20150000098

: (305)713-9142

Phone

Fax Number

: (815)550-9948

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ACC.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ODONTOTECH LABORATORIO DENTAL LLC

Certificate of Status	0
Certified Copy	U
Page Count	04
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SEP 23 2021

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODONTOTECH LABORATORIO	DENTAL LLC			
(Name of the Limit	ed Liability Company a (A Florida Limited Liabi	s it now appears on our records.) hty Company)		:
The Articles of Organization for this Limited L Florida document number L21000088526	iability Company wer	•	and assig	ned
This amendment is submitted to amend the following				
A. If amending name, enter the new name o	f the limited liability	company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability C	'ompany," the designation "LLC" or the	abbreviation "L.L.	2021
Enter new principal offices address, if applic	cable: _			- <u>75</u> -
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			<del>ind</del>
	<del>-</del>		7847 7847 7847	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)				<del></del> မ
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	I/or registered offic office address here: SIERRA PEREZ,		er the name o	f the n
	295 SW 113 AVE			
New Registered Office Address:		Enter Florida street address		
	MIAMI	. Florida	33174	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Page: 2 of 4

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 filled 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.

HChanging 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>l'itle</u>	Name	Address	Type of Action
MGR	Velasquez Franco, Carolina .	14257 SW 151 CT	Add
		MIAMI, FL 33196	<b>■</b> Remove
			☐ Change
MGR	Sierra Perez, Gabriel I	295 SW 113 AVE	■ Add
	•	MIAMI, FL 33174	☐ Remove
·			
MGR	Rhenals Lopez, Guilletmo A	295 SW 113 AVE	≅ Add
		MIAMI, FL 33174	☐ Remove
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			Remove =
		*****	□ Change
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			.   Remove
			☐ Change

Page: 4 of 4

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Dated SEPTEMBER 22 2021  Signature of a member or authorized representative of a member	the record specifies a delayed e b) The 90th day after the record	ffective date, but not an effective t d is filed.	ime, at 12:01 a.m. on the earl	lier of:
Dated Signature of a member or authorized representative of a member	SUBTRAGED 22	2021		
Signature of a member or authorized representative of a member	Dated			
Signature of a member or authorized representative of a member	In kind	( Sie 119		
	Si	gnature of a member or authorized representative	of a member	
	GABRIEL I SIERRA PER	Types or printed name of signer		