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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : 120150000098

: (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. **

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JUL 29 2022

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ARTICLES OF AMENDMENT & TO ARTICLES OF ORGANIZATION OF

(Name of the Umite	d Liability Compar A Florida Limited L	iv pell now apprears on liability Company)	out records.)	
The Articles of Organization for this Limited Li Florida document number 121000088526	ability Company	were filed on 03/01/2	021 and assigned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	· ·	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		932 SW 82TH AVI	:	
		SUITE B		
		MIAMI, FL 33144		
,				
Enter new mailing address, if applicable:		932 SW 82TH AV	<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE B		
		MIAMI, FL 33144		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Mice address her		ur records, enter the name of the new	
The wivegistered Office Address.		Enter Florid	i street address	
	MIAMI		, Florida 33144 Zip Code	
	,	Cim	Zip Code	
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complet gistered agent as r registered offic	te performance of n s provided for in Ci	ty duties, and I am familiar with and	

Page 1 of 3



From: JUAN ALBER

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	SIERRA PEREZ, GABRIEL J	932 SW 82TH AVE	
		SUITE B	□ Remove
		MIAMIL, FL 33144	☐ Change
MGR -	RHENALS LOPEZ, GUILLERMC	932 SW 82TH AVE	□ Add
		SUITE B	□ Веточе
		MIAMI, FL 33144	≅ Change
<u></u>	T-1441-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
			☐ Remove
			□ Change
	····		Adu
			O Remove
			□ Change
			D Add
			D Rensove
			□ Change
			D Add
			□ Remove
			Change

Page 2 of 3

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ive dute, if other than the date of filing: crive date is listed, the date must be specific and cannot be prior to diff the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	ie of filing at more statutory filing re	than 90 days equirements	optional) after filing: , this date) Pursuant to 60. will not be list
ord specifies a delayed effective date, but not a 90th day after the record is filed.	effective tim	ie, at 12:	01 a.m.	on the earl
JULY 28 2021		•		
Capal Viera				
Signature of a member or authorize	representative of	з тетьет	· · · • · · · · · · · · · · · · · · · ·	
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Page 3 of 3

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