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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Addr	ess:	<u> </u>
	ND/RESTATE/CORRECT OR M	•
	DENTAL THEORY, P.L.L.	c. ·

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENTAL THEORY, P.L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 121000156972 This amendment is submitted to amend the following:	were filed on 4/13/2021	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "U.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1161 Bell Shoals Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Brandon, FL 33511	
Enter new mailing address, if applicable:	1161 Bell Shouls Rd.	
(Mailing address MAY BE A POST OFFICE BOX)	Brandon, FL 33511	
B. If amending the registered agent and/or registered office augent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	vi	~>
New Registered Office Address:		
Tow Regulated Office of the Control	Enter Florida street address	÷C 2
	Florida	Zip Code c
New Registered Agent's Signature, if changing Registered Agent:		जॉ. . मा
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and 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
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			□Remove
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Yote:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	De cember 13.d. 2020.
	Signature of a member or authorized representative of a member
	CHRISTOPHER J. DENICOLO
	Typed or printed name of signee