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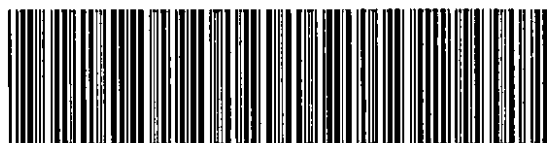
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2022 MAR 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDEA DENTISTRY CLINIC LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANILO BENEDETTI

Name of Person

IDEA DENTISTRY CLINIC LLC

Firm/Company

111 North Orange Avenue, Suite 800

Address

Orlando, Florida 32801

City/State and Zip Code

DRDANILOBENEDETTI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO BENEDETTI

407

9688189

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR 16 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FL

IDEA DENTISTRY CLINIC 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 were filed on 04/12/2021 and assigned
Florida document number L21000181187.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IDEA DENTISTRY SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 North Orange Avenue, Suite 800

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32801

Enter new mailing address, if applicable:

111 North Orange Avenue, Suite 800

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DANILO BENEDETTI

New Registered Office Address:

111 North Orange Avenue, Suite 800

Enter Florida street address

Orlando

City

Florida 32801

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DANILO BENEDETTI	111 North Orange Avenue, Suite 800	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GUSTAVO DE OLIVEIRA	112 S LUCERNE CIRCLE E	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending the associated Management Operating Agreement that has been placed in the LLC's records book to reflect the resignation/withdrawal of authorized member Gustavo De Oliveira from the organization. Associated membership interests for remaining members Danilo Benedetti and Marcelo De Sa Zamperlini shall be 50% and 50% each.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 7

2022



Signature of a member or authorized representative of a member

DANILO BENEDETTI

Typed or printed name of signee