## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973

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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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FASHION DENTAL LLC**

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Certificate of Status		0
Certified Copy		0
Page Count		04
Estimated Charge		\$25.00

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FASHION DENTAL I.LC		
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or		and assigned
Florida document number L21000205874		_
This arrendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	ıy here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	S	20
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Enter new mailing address, if applicable:	<u>````````````````````````````````</u>	— į
(Mailing address MAY BE A POST OFFICE BOX)	(U T)	7
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B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name	of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Ente	r Florida street address	
	, Florida	
City·	· · · · · · · · · · · · · · · · · · ·	Zip Code
New Registered Agent's Signature of 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 ameriding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR ≠ Manager AMBR \* Authorized Member

<u>Title</u>	Name		Address	Type of Action
AMBR	WILLIAMS J MILLAN	HELMANDE	181 W BAY HARBOR DR 7 MIAMI, FL 33154	
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in effective date is listed, the date must be specific and cannot l	be prior to date of filing t	or more than 90 days at	i <b>tional)</b> ter filing.) F	ursvant	to 605.02
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