

L21000359952

Division of Corporations

Florida Department of State

Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHIVANI SINGH DDS, PLLC**

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September 16, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHIVANI SINGH DDS, PLLC
8282 SHADOW WOOD BLVD.
CORAL SPRINGS, FL 33071

SUBJECT: SHIVANI SINGH DDS, PLLC
REF: L21000359952

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please select the type of action for the authorized persons listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000341423
Letter Number: 821A00022390

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

SHIVANI SINGH DDS, PLLC

(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 08/10/2021 and assigned
Florida document number L21000359952.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: CHOWDHARY, SHIVANI

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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.

shivanichowdhary

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>
MGR	SINGH, SHIVANI	8282 SHADOW WOOD	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHOWDHARY, SHIVANI	8282 SHADOW WOOD	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 September 14 _____, 2021

shivanichowdhary

Signature of a member or authorized representative of a member

MANAGER

SHIVANI CHOWDHARY

Typed or printed name of signee

Filing Fee: \$25.00