# 121000487396

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: WOY O	Zent			
DOCUMENT NUMBER: / 2 1000 48	7 <b>3</b> 96			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Danilo	Riveryor Svor			
	Tarrelo			
4180	Firm/ Company SW 134 th	0.40		
4750	Address	<u>wye</u>		
	Miami FL	- 33/76 -		
milo Q	City/ State and Zip Code WINO SUAYOZ W		20	
	sed for future annual port	7	22 FE	ď
Now forther information annualization according			2022 FEB 25	-
For farther information concerning this matter, pleas	se can:	7		٠
Name of Contact Person	at ( <u>)</u> <b>%</b> Area Co		Pif 2: 2	
Enclosed is a check for the following amount made		t+1	ယ်	
(	payarie to me i fortida 190pa	utilicii of Mate.		
■ \$35 Filing Fee ■ \$43,75 Filing Fee & Certificate of Status	□\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Address ment Section		
Division of Corporations	Divisio	n of Corporations		
P.O. Box 6327	The Ce	entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



### RECEIVED

2022 JAN 31 PM 3: 43

## FLORIDA DEPARTMENT OF STATE CRETARY OF STATE Division of Corporations TALLAHASSEE, FL

Letter Number: 722A00001435

January 19, 2022

DANILO RIVERO SUAVEZ 4180 SW 134TH AVE MIAMI, FL 33175

SUBJECT: WORLD DENT LLC Ref. Number: L21000487396

We have received your document for WORLD DENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Senior Section Administrator

www.sunbiz.org



2022 FEB 25 AM 8: 16
SECRETARY OF STATE
TALLAHASSEE, FL

February 14, 2022

DANILO RIVERO SUAVEZ 4180 SW 134TH AVE MIAMI, FL 33175

SUBJECT: WORLD DENT LLC Ref. Number: L21000487396

We have received your document for WORLD DENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Since the name is different from what is on file for the registered agent we must have a signature for that person accepting the designation of registered agent.

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.

Diane Cushing Senior Section Administrator

Letter Number: 922A00003638

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

World	Dent L	1 <u>C.</u>		23 77
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on o ability Company)	ur reco <u>rds.</u> )	29
The Articles of Organization for this Limited Liab	ility Company v	were filed on	16/21	and assigned
Florida document number <u>L21000487</u>	396			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited ligbil	ity company here;		
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the designa	tion "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			<del></del>
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
			· <del>_</del>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ddress on our record	ls, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Darrilo	Rivero Su	óvez	
New Registered Office Address:	4	180 SW 139 Enter Florida str	11h QVO	
	$\wedge$	Vianni	, Florida	3:3175
		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.

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:

or removed	trom our records:		
MGR = M $AMBR = A$	Ianager authorized Member		
<u>Title</u>	Name	Address	Type of Action
P+	DaniloRivera	4180SW134th	[]Add
		4180 SW 134th ave Miami FZ 33175	□Remove
			□ Change
·			□Add
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\_\_\_\_\_ □Remove

Remove

D. If am	nending any other information, enter change(s) here: .(Attach additional sheets, if necessary.)
	·
(If an et <u>Note:</u>	tive date, if other than the date of filing: (optional)  frective 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 the ment's effective date on the Department of State's records.
If the reco record is f	ord 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 filed.
Dated	1/28/22
	1/28/22.
	Signature of a member of authorized representative of a member
	DanilaRivero

Typed or printed name of signee