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T. MATTHEWS

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### **COVER LETTER**

то:	Registration Sec Division of Cor			
	MB DENTA	AL IMPORT LLC		• • •
SUBJE	CT:	·	ted Liability Company	<del></del>
The enc	losed Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	o the following:	
		JAVIER GUZMAN VELA	SCO	
			Name of Person	<del></del>
		MB DENTAL IMPORT L	,C	
			Firm/Company	
		19370 COLLINS AVE 101	4	
			Address	
		SUNNY ISLES BEACH, E	FL 33160	
		<del></del>	City/State and Zip Code	
		USTUEMPRESA@GMAII	COM to be used for future annual report notification	on)
For furt	her information c	oncerning this matter, please of		
			786 340-0372	
Name of Person			21 (	ephone Number
	rante o	T CENT	,	
Enclose	ed is a check for the	he following amount:		
<b>≡</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 633	Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Talla	ations
	Tallahassee.	FL 32314	2415 N. Monroe St	reet. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

MB DENTAL IMPORT LLC		22 FFT - 1 F	1112: 31
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>1.22000005750</u>		were filed on 12/28/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A <u>PO</u> ST OFFICE	CROV)		
maning dativess STAT BE A 1 051 011 TCE	, BUA		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street address	
	NA	, Floric	la <sup>NA</sup>
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	PEDRO BENCOMO	19370 COLLINS AVE. 1014	<b>=</b> Add
		19370 COLLINS AVE, 1014	□Remove
			□ Change
NA	NA	NA	□Add
		<del></del>	□Remove
			□Change
NA	NA	NA	□Add
		-	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			⊡Change
NA	NA	NA	□Add
			□Remove

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f an effec <mark>Note:</mark> - If	re date, if other etive date is listed, t f the date inserted nt's effective date	he date must be 1 in this block	specific and does not m	cannot be prior eet the applic	able statutory			ig.) Pursuant to 60	
	ord specifies a 90th day after			ate, but no	t an effectiv	ve time, at	12:01 a.m	on the ear	lier of:
	ANUARY 17TH			2022					
Jated			·		<u> </u>				
Dated					izman	tive of a mem	ner.		
Dated _	JAVIER GUZ	Sig	mature of m		izman Wed represent	utive of a mem	ner		

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