32000 185 MO

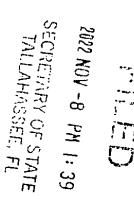
	(Requestor's Name)	
-	(Address)	
	(Address)	
	(City/State/Zip/Phon	e #)
PICK-UF	P WAIT	MAłL
	(Business Entity Na	me)
	(Document Number))
ppies	Certificate	s of Status
etructions	to Filing Officer:	
อแนะแบกร	to rining Officer.	

Office Use Only



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11/08/22--01012--008 **25.00



Registration Section Division of Corporations

Bite Pediatric Dentistry, LLC			
ľ: <u>"</u>	Name of Lim	ited Liability Company	
sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ırn all correspo	ondence concerning this matter	to the following:	
	Jorman Orlando Garcia		
		Name of Person	
	Bite Pediatric Dentistry		
		Firm/Company	
	15358 NW 79th Ct		
	-	Address	
	Miami Lakes, FL 33016		
		City/State and Zip Code	
	bitedmd@gmail.com	to be used for future annual report no	ification)
r information c	concerning this matter, please c		
arcia		305 557-7557	
Name c	of Person		ne Telephone Number
s a check for t	he following amount:		
0 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)
Tailing Addre		<u>Street Address:</u> Registration So	ection
Division of C	Corporations	Division of Co	rporations
O. Box 632.	21	The Centre of	i anianassee

'allahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

	ited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)	
es of Organization for this Limited I cument number 1.22000185740	Liability Company	were filed on <u>04/19/2022</u>		and assigned
dment is submitted to amend the fol	llowing:			
nding name, enter the new name o	of the limited liab	ility company here:		
ne must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the o	abbreviation "L.L.C."
v principal offices address, if applicable: l office address MUST BE A STREET ADDRESS)		15358 NW 79th Ct		
		Miami Lakes, FL 33016		
v mailing address, if applicable:		15358 NW 79th Ct		
uddress MAY BE A POST OFFICE BOX)		Miami Lakes, FL 33016		
nding the registered agent and/or /or the new registered office addre	registered office : ess <u>here</u> :	address on our records,	enter the nai	SECRETALIAN OF
Jame of New Registered Apont				-Fy - '&
-	15258 NW 70:	h Ct		T = 0
-	15358 NW 79t	h Ct Enter Florida street	address	FL 39
	15358 NW 79t Miami Lakes			' i
Name of New Registered Agent: New Registered Office Address:			address Florida _	' i
-	Miami Lakes	Enter Florida street City		3016

If Changing Registered Agent, Signature of New Registered Agent

ea from our records:

Manager

* Authorized Member

Name	Address	Type of Action
Jorman Orlando Garcia	15358 NW 79th Ct Miami Lakes, FL 33016	= Add
		□Remove
		□Change
		🗀 Add
		□Remove
		🗆 Add
		□Remove
		□ Change
		🗆 Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□ Change

ending any other informati	on, enter change(s) here:	(Attach additional .	sheets, if necessary.)	
				
	* 1 * 2			
				
	•••••			
ive date, if other than the detective date is listed, the date must be left the date inserted in this blochent's effective date on the Dep	ck does not meet the applicab	date of filing or more the	(optional) an 90 days after filing.) Pursuan uirements, this date will not	t to 605,0207 (3)(b be listed as the
d specifies a delayed effective led.	date, but not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The 90th de	ay after the
November 1	. 2022	(30)		
S	ignature of a member or authori:	zed representative of a r	nember	
Jorman Orlando Garcia		V		
	Typed or printed	name of signee		