

L22 000298256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

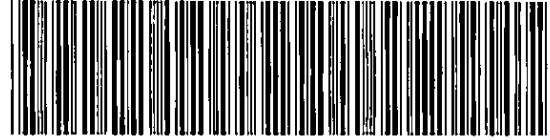
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2022 SEP -6 PM 4:42
2022 SEP -6 AM 8:39
FILING OFFICE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANCHITA DENTAL SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

HENRRY LAZARO LA NUEZ MENDEZ
Name of Person
PANCHITA DENTAL SOLUTIONS LLC
Firm/Company
16825 SW 109TH PL
Address
MIAMI FL 33157
City/State and Zip Code
HL386@MYNSU.NOVA.EDU
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRRY LAZARO LA NUEZ MENDEZ 786 5522108
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2022 SEP -6 AM 8: 39

PANCHITA DENTAL SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/05/2022 and assigned Florida document number L22000298256.

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)

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: _____

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.

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	HENRRY L. LA NUEZ MENDEZ	16825 SW 109TH PL MIAMI FL 33157	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIANET LA NUEZ MENDEZ		<input type="checkbox"/> Add
		16901 SW 109TH PL MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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STATE OF MASSACHUSETTS
TALLMANSSETT, FL

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 _____

Signature of a member or authorized representative of a member

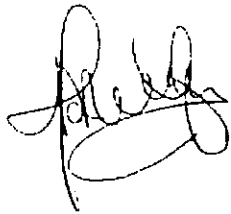
HENRRY LAZARO LA NUEZ MENDEZ

Typed or printed name of signee

To Whom It Might Concern,

I authorize Amanda Doumanian Reeves to represent me "Henry Lazaro La Nuez Mendez" and deliver the documents to amend the Articles of Organization of "Panchita Dental Solutions LLC."

Sincerely,

A handwritten signature in black ink, appearing to read "Henry L. La Nuez Mendez". The signature is fluid and cursive, with a large initial "H" and "L".

Henry L. La Nuez Mendez

16825 SW 109 Th PL

Miami FL., 33157

Ph: 786 552 2108