

# 122 600332240

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

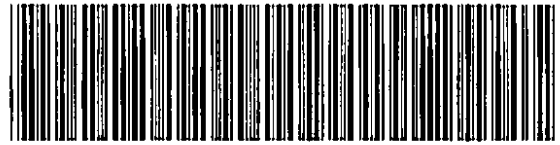
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 SEP 12 AM 7:35  
TOLSON

A. BUTLER

DEC - 7 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POSH YOUR DENTAL GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS J BARBOSA  
Name of Person  
MATRIX INTL. BUSINESS CONSULTING LLC  
Firm/Company  
759 SW FEDERAL HIGHWAY SUITE 304  
Address  
STUART, FLORIDA, 34994  
City/State and Zip Code  
INFO@MATRIX-USA.US  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS J BARBOSA  
at (561) 329-4701  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SEP 12 AM 7:35  
and assigne

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

*(Mailing address MAY BE A POST OFFICE BOX)*

$$Z_{ij} \in \mathbb{R}^{n \times n}$$

*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	ESTACIO, JANNIER	759 SW FEDERAL HIGHWAY, SUITE 304	<input type="checkbox"/> Add
		STUART, FL 34994	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ESTACIO, JANNIER	759 SW FEDERAL HIGHWAY, SUITE 304	<input type="checkbox"/> Add
		STUART, FL 34994	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHANGE JANNIER, ESTACIO FROM MBR TO MGR

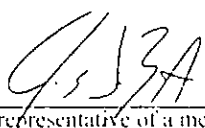
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 1ST SEPTEMBER 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CARLOS J BARBOSA

\_\_\_\_\_  
Typed or printed name of signee