## L22000372876

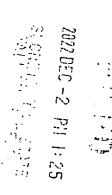
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## **COVER LETTER**

TO: Registration Se Division of Cor		•		
SUBJECT:	TNDY DEA	UTAL ARTS, LLC	• —————	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Inde	pal Singh DDS	2022	,
	<i>I</i> ND	Y DENTAL ARTS UC Firm/Company	: 2	:
	4950 BAYSHO	BAYSHORE BLUD,	APT 2 PRI 125	
	TAA	City/State and Zip Code		
	E-mail address: (	Jazzy Indy & gmail. Co	ication)	
For further information co	oncerning this matter, please c	all:		
Inden Name o	Pal Single  f Person	at ( <u>347</u> ) <u>771</u> — Daytime	- 0622 Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	etion	
Division of C	orporations	Division of Cor	porations	

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

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 08/24/2022 and assign Florida document numberL02000372876	
Florida document number	
A. If amending name, enter the new name of the limited liability company here:    N/A	ned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "TLC"  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 regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	2 7764 4 4 2 253 2 3
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 ragent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
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 ragent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office 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 ragent and/or the new registered office address here:  New Registered Office Address:	C.: -
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 ragent and/or the new registered office address here:  New Registered Office Address:	2
(Mailing address MAY BE A POST OFFICE BOX)  Tampa FL , 33611  B. If amending the registered agent and/or registered office address on our records, enter the name of the new ragent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
Name of New Registered Agent:  New Registered Office Address:	
Name of New Registered Agent:  New Registered Office Address:	<u>registe</u> i
New Registered Office Address:	
New Registered Office Address:	
Enter Florida street address	
City Florida	
New Registered Agent's Signature, if changing Registered Agent:	
thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	

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

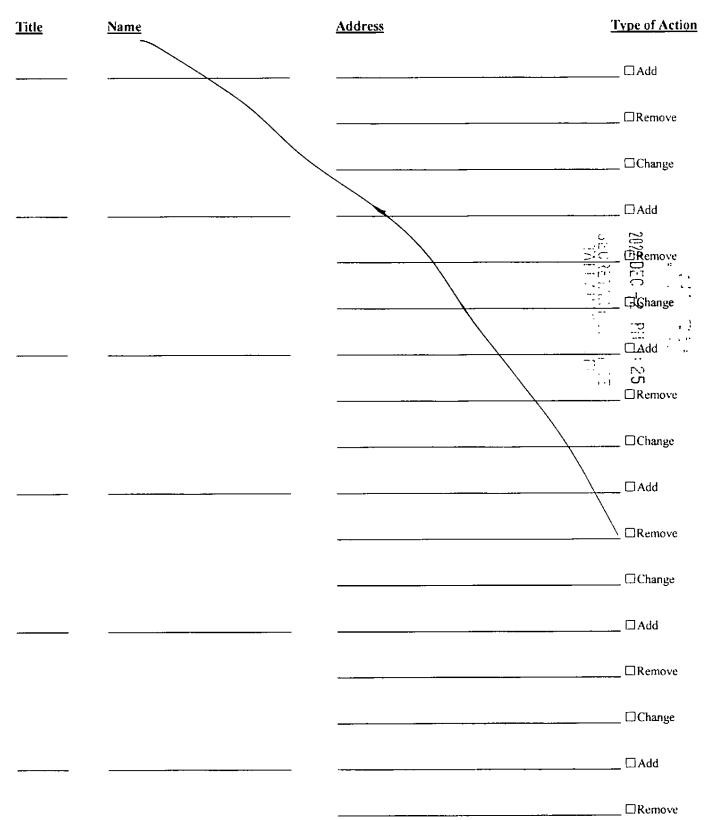
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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



Daf amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 Navember 2022 Signature of a member or authorized representative of a member TNOERPAL STNGH
Typed or printed name of signee

Filing Fee: \$25.00