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COVER LETTER

TO:

	egistration Se vision of Cor					
Dmitry Baron DDS PLLC						
SUBJECT:		Name of Lim	ited Liability Company			
		•				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		Dmitry Baron				
Name of Person						
Dmitry Baron DDS PLLC						
		······································	Firm/Company			
721 W Robertson ST STE 107						
ī A			Address			
Brandon, FL 33511						
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
	dmitrybarondds@gmail.com					
		E-mail address: (to be used for future annual report notification)			
For further	information c	oncerning this matter, please c	all:			
Dmitry Bar	on	•	813 2798279 at ()			
	Name o	f Person	Area Code Daytime Telepho	one Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	S30.00 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:			Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporation	ins		
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee FL 3231		FL 32314	2415 N. Monroe Street	r Suite 810		

Tallahassee, FL 32303

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an effe l <mark>ote:</mark> - I	re date, if other than the date of filing:(optional) thive 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 605.03 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in this block does not meet the applicable statutory filing requirements.
ecord	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 delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)
ecord is file	
ecord is file	d.
record is file	d.

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 10 AM 9: 15

,	2023 1111 10	
Dmitry Baron DDS PLLC	2023 JUL 10 AM 9: 15	
(Name of the Limited Liability Compa	Liability Company)	
(A Florida Limited I	Liability Company)	
: e Articles of Organization for this Limited Liability Company	were filed on 4/11/2023 and assigned	
orida document number L23000179781		
rida document number		
is amendment is submitted to amend the following:		
Ifdiaand at a sharp name of the limited ligh	Hity company hazar	
If amending name, enter the new name of the limited liab	mry company nere:	
	The Company of the Co	
e new name must be distinguishable and contain the words "Limited Liabil		
iter new principal offices address, if applicable:	721 W Robertson ST STE 107	
rincipal office address MUST BE A STREET ADDRESS)	Brandon, Florida 33511	
iter new mailing address, if applicable:	721 W Robertson ST STE 107	
failing address MAY BE A POST OFFICE BOX)	Brandon, Florida 33511	
tuning dualess MAT BEAT 037 OTTTEE BOXY		
,		
If amending the registered agent and/or registered office a	address on our records, enter the name of the new regist	
ent and/or the new registered office address here:	address on our records, enter the name of the new region	
•		
Name of New Registered Agent:		
Nume of the Wisegistered Agent.		
New Registered Office Address:	Enter Florida street address	
,	Enter r toriaa street aaaress	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
	, !		Change
	i		
			Remove
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