

L73000327487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

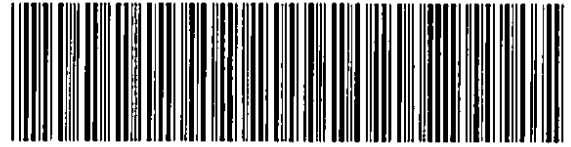
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 16 PM 12:40

RECEIVED
2023 AUG 16 PM 5:00
ALLAHASSEE, FLORIDA

2023-1-18

R. HUNT

08/16/23

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$25.00**

Authorization Signature: *[Signature]*

DENTAL MOTOR COMPANY, LLC L23000327487

Business Name

Doc. #

 Certified Copy of

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 X Amendment
 Resignation of R.A.

 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

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EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Motor Company, 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:

TIM TURSONOFF

Name of Person

DENTAL MOTOR COMPANY, LLC

Firm/Company

6960 BONNEVAL RD. STE 102

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

TURSONOFF@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM TURSONOFF

904

654-3836

at ()

Name of Person

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

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STATE CLERK OF STATE
DIVISION OF CORPORATIONS
2023 AUG 16 PM 12:40

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

DENTAL MOTOR COMPANY, LLC

(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 8/16/2023 and assigned
Florida document number L23000327487.

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)

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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>
AMBR	DENTAL PROPERTY	6960 BONNEVAL RD, SUITE 102	<input checked="" type="checkbox"/> Add
	INVESTMENTS, LLC	JACKSONVILLE, FL 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENTAL INVESTMENT	6960 BONNEVAL RD, SUITE 102	<input type="checkbox"/> Add
	PROPERTIES, LLC	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023 AUG 16 PM 12:10

[illegible]

2023 AUG 16 PM 12:40

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Dated JULY 13

1023

Signature of a member or authorized representative of a member

MANAGING MEMBER OF
DENTAL PROPERTY INVESTMENTS, LLC

TIM TURSONOFF

Typed or printed name of signee

Filing Fee: \$25.00