

L23 000 403823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

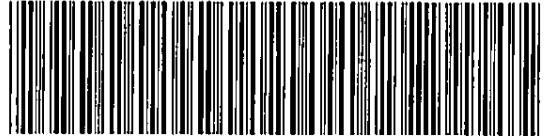
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN 22 PM 2:35
STATE
OFFICE, FL

RECEIVED
2024 JAN 22 AM 9:33
RECORDS & COMM. DIV.
TALLAHASSEE, FL 32399-0001

R. HUNT

01/22/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 1/22/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1223996

ORDER ENTITY
LAVANDA BRAZIL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

LAVANDA BRAZIL LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

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

LAVANDA BRAZIL 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 August 28, 2023 and assigned Florida document number 1.23000403823.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

USA 4 DENTIST LLC

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:

USBR ACCOUNTING & TAX SERVICES LLC

New Registered Office Address:

1510 N 70TH TERRACE

Enter Florida street address

HOLLYWOOD

City

Florida 33024

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.

Cecilia Brannon

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	Luiz Felipe Baier	8203 NW 128TH LANE	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Izabel Aparecida Antunes	CAETANO M DA ROCHA 370	<input type="checkbox"/> Add
		PITANGA, PR 85200-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FLORIDA STATE
JUL 2 2:35 PM '11
TALLAHASSEE, FL

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

2022 PH 2:35
COUNT STATE
MISSISSIPPI

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 JANUARY 19 2024

Isabelle Baier Sig

Signature of a member or authorized representative of a member

IZABELLE BAIER

Typed or printed name of signee

Filing Fee: \$25.00