

**L23000510967**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : I20120000052  
Phone : (305)591-9180  
Fax Number : (305)591-9167

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@jelenaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BG DENTAL TECH CLINIC, LLC**

Certificate of Status	0
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Corporate Filing Menu  
K. SALY

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DEC - 4 2023

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

**FILED**  
2023 DEC -1 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BG DENTAL TECH CLINIC, 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 11/10/2023 and assigned  
Florida document number L23000510967.

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:

4851 NW 79TH AVE #5

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33166

Enter new mailing address, if applicable:

4851 NW 79TH AVE #5

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33166

**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:

JELEN ACCOUNTING SERVICES INC

New Registered Office Address:

4851 NW 79TH AVE #5

*Enter Florida street address*

DORAL

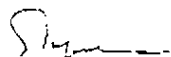
*City*

Florida 33166

*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	DIANA JELEN	4851 NW 79TH AVE #5	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DELFINA M AREVALO GUTIERREZ	315 W 20TH ST SUITE 311	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BELLYS JOHANA GUTIERREZ AREVALO	4851 NW 79TH AVE #5	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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DIVISION OF CORPORATIONS

**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 GOS.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 NOVEMBER 30, 2023



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

DIANA JELEN

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