

L24 000 208174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/28/24--01024--022 **25.00

per [unclear] 20 [unclear] 0

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAMONDS DENTAL 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:

ALAIN J. YANES

Name of Person

YANES ACCOUNTING SERVICES

Firm/Company

10120 SW 40 TERRACE

Address

MIAMI FL 33165

City/State and Zip Code

ALAIN@YANESCPA.COM

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

For further information concerning this matter, please call:

ALAIN J. YANES

305 785-0246

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
2001 OCT 28 11:10:00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SDS DENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 05/06/2024 and assigned document number L24000208174.

. 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Cin

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 Ag

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	JUAN J. SANABRIA CLEVES	4358 FOXTAIL LN	<input checked="" type="checkbox"/> Add
		WESTON FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAROLINA SANABRIA	4358 FOXTAIL LN	<input checked="" type="checkbox"/> Add
		WESTON FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA X. TEJEDA	1401 S STATE ROAD 7	<input type="checkbox"/> Add
		NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA X. TEJADA	1401 S STATE ROAD 7	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE FL 33068	<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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TO
ARTICLES OF ORGANIZATION
OF**

DIAMONDS DENTAL LLC

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(A Florida Limited Liability Company)

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Enter Florida street address

Florida

City

Zip Code

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If Changing Registered Agent, Signature of New Registered Agent

2010, 28
SECRET

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)

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.

2024

Signature of a member or authorized representative of a member:

JUAN S. GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00