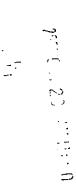


(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	





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



COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	DIAMOND	S DENTAL LLC				
SUBJECT:		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	•			
r rease return	i un conceșar	nactice concerning this matter	to the tonowing.			
		ALAIN J. YANES				
			Name of Person		-	
		YANES ACCOUNTING	SERVICES			
			Firm/Company		-	
		10120 SW 40 TERRACE				
		<u></u>	Address	·	-	
		MIAMI FL 33165			:: :: <u>:</u> :::::::::::::::::::::::::::::::	7627 (
		ALAIN@YANESCPA.CO	City/State and Zip Code M		- ;-í·	2021/00/128
		E-mail address (to be used for future annual report no	titication)		
For further in	iformation co	oncerning this matter, please co	all:			
ALAIN J. Y	ANES		305 785-0246			. =
	Name of	Person	Area Code Dayrir	ne Telephone Number	T	
Enclosed is a	check for th	e following amount:				
≡ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified	te of Stat	tus &
	ling Address		Street Address:			
_	gistration S	ection orporations	Registration Se Division of Co			
). Box 632		The Centre of			
	lahassee F			randinassee Se Street Suite &	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S'DS 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 $\underline{05.06.2024}$ and assigned 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 "Lunited Liability Company," the designation "LLC" or the abbreviation "LLC." 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_

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	JUAN J. SANABRIA CLEVES	4358 FOXTAIL LN	
		WESTON FL 33331	□ Remove
			□Change
AMBR	CAROLINA SANABRIA	4358 FOXTAIL LN	= Add
		WESTON FL 33334	□Remove
			□Change
AMBR	SANDRA X. TEJEDA	1401 S STATE ROAD 7	□Add
		NORTH LAUDERDALE FL 33068	≣Remove
			□Change
AMBR	SANDRA X. TEJADA	1401 S STATE ROAD 7	= Add
		NORTH LAUDERDALE FL 33068	□Remove
		!	⊒ <u>A</u> dd
		<u> </u>	
			□Change □Add
			0
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMONDS DENTAL LLC

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

	ed Liability Company)		
The Articles of Organization for this Limited Liability Compare Florida document number <u>L24000208174</u>	ny were filed on $\frac{05.06 - 2024}{1}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation	n"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 uddress MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,		
		50	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 -	City	Florida	
	~····	esp couc	

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.

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			· · · · · ·
\mathbf{g} If the date inserted in this blo	date of filing:	(optional) ing or more than 90 days after filing ry filing requirements, this date	.) Pursuant to 605, will not be liste
ment's effective date on the De	partment of State's records.		
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) Th	ne 90th day after
OCTOBER 18	2024		
		f	
/			

Filing Fee: \$25.00