L24000 227 011



(Re	equestor's Name)	
(Ac	ldress)	
(Àc	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Certified Copies	_ Certificates	

Office Use Only



600430290696

96/05/24--01025--002 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
	Cares Dental PL		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	William Torres		
		Name of Person	
		Firm/Company	
	265 Parlor Street		
		Address	
	Nokomis FL 34275		
	H. I	City/State and Zip Code	
	godhelpus0506@gmail.con	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c		
William Torres		954 288-1632	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Sect	tion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breathing Cares Dental PL		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L24000227011	y were filed on 05/15/2024	and assigned
his amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC" or the abbreviation of the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) It amending address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		
-		
		2 = M
Enter new mailing address, if applicable:		
•		75 6
		<u>ir</u> 6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter Florida Sireel addres	3
		orida
	City	rap Coure

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>	Address	Type of Action
MGR	Linda Perez Torres	265 Parlor Street	□Add
		Nokomis FL 34275	■Remove
			Change
MGR	Lina Perez Pinzon	265 Parior Street	
		Nokomis FL 34275	□Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□Change
			🖸 Remove
			Change
			□Remove
			Change

					
			<u> </u>		
			<u> </u>		
				 	
	· · · · · · · · · · · · · · · · · · ·				
-	-				
					
			<u> </u>		
				,	
ote: If th	date, if other than the date we date is listed, the date must be sp ne date inserted in this block d	loes not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pursu uircments, this date will n	ant to 605.02 ot be listed
cument'	s effective date on the Departs	ment of State's records	,		
record sp is filed.	ecifies a delayed effective date	e, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after th
is fileu.	May 20	2024			
ated	May 29	2024	·		
		$\Omega \ell l$			
		/ V 'X' / ~			

Filing Fee: \$25.00