

MIL 000000939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JUN 27 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Property Renovations Group, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Celia Figueroa

Name of Person

Exclusive Dental Care Group, INC

Firm/Company

1724 N University Drive

Address

Pembroke Pines FL 33024

City/State and Zip Code

exclusivedentalcare2@gmail.com

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

For further information concerning this matter, please call:

celia figueroa at ( 786 ) 286-7979

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Property Renovations Group, LLC

Enter new principal office address, if applicable: 5404 W. ATLANTIC BLVD

(Principal office address  
MUST BE A STREET ADDRESS)

MARGATE, FL  
33063

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000000939

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 01/28/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Exclusive Dental Care Group Of Margate, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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:

New Registered Office Address:

Enter Florida Street Address

City

Florida

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MANAGER	DIANE VILLAVIRIENCIO	SAME 5404 W. ATLANTIC BLVD MARGATE, FL 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

C. Figueroa  
Signature of the authorized representative

CELIA FIGUEROA  
Typed or printed name of signee

Filing Fee: \$25.00



**BARBARA K. CEGAUSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)



\*091203\*

## Amendment to Articles of Organization

(PURSUANT TO NRS 86.221)

Filed in the office of <i>Barbara K. Cegauske</i> Barbara K. Cegauske Secretary of State State of Nevada	Document Number <b>20160256805-95</b> Filing Date and Time <b>06/07/2016 10:25 AM</b> Entry Number <b>E0549532015-6</b>
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

### Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221)

1. Name of limited-liability company:

PROPERTY RENOVATIONS *Group, LLC*

2. The company is managed by:



Managers

OR



Members

(check only one box)

3. The articles have been amended as follows: (provide article numbers, if available)\*

CHANGE NAME FROM PROPERTY RENOVATIONS *Group, LLC* TO EXCLUSIVE DENTAL CARE GROUP OF MARGATE, *LLC*

4. Effective date and time of filing: (optional) Date: 06/02/2016 Time: 11:27AM

(must not be later than 90 days after the certificate is filed)

5. Signature (must be signed by at least one manager or by a managing member):

X *E. Inewa*

Signature

\* 1) If amending company name, it must contain the words "Limited-Liability Company," "Limited Company," or "Limited," or the abbreviations "Ltd.," "L.L.C.," or "L.C.," "LLC" or "LC." The word "Company" may be abbreviated as "Co."

2) If adding managers, provide names and addresses.

FILING FEE: \$175.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 86.221 D.L.L.C. Amendment  
 Revised: 1-5-15

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 JUN 27 PM 1:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA