p.1

LD8000049192

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090000467173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

: (800)494-3124

Fax Number : (561) 455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PEDIATRIC DENTISTRY AT LAKE NONA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

HO9000046717311
ENT O9FEB 27 AM 8: 18
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabili (A Florida | ity Company as it now appears on a Limited Liability Company) | our records.) |
|--|--|---|
| The Articles of Organization for this Limited Liability Florida document number <u>L08000049192</u> | Company were filed on 05/16/20 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | |
| LITTLE SMILES AT LAKE NONA, PEDIATRIC DENT | TISTRY, LLC | _ |
| The new name must be distinguishable and end with the w 'L.L.C." | vords "Limited Liability Company," | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | records, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter i | Florida street address) |
| | (0) | , Florida |
| | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

PEDIATRIC DENTISTRY AT LAKE NONA LLC

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 608, 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)

14090000467173

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------------------|---|--------------------|
| | | | Add Remove |
| ···· | | | i Damana |
| | | | Add Remove |
| | | | → |
| | | | Add Remove |
| | | | Remove |
| | ding any other information, | enter change(s) here: (Attach additional shee | ts, if necessary.) |
| D. If amen | · · | | |
| D. If amend | | | 09 FEB 27 AM |

Page 2 of 2