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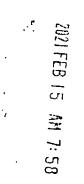
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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O SIMMONS APR 0 8 2021

COVER LETTER

TO: Registration Sec Division of Corp			
	L SERVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	VIVIANA MARTINEZ		
	· · · · · ·	Name of Person	_
	3M DENTAL SERVICES.	, LLC	
		Firm/Company	
	7610 WESTWOOD DRIV	E, #102	
		Address	
	TAMARAC, FL 33321		
		City/State and Zip Code	_
	vivimariana01@gmail.com		_
	E-mail address: (to be used for future annual report notification)	
For further information ed	oncerning this matter, please ca	all:	
VIVIANA MARTINEZ		954 993-0702 at ()	
Name of	Person	Area Code Daytime Telephone Numl	ber
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration S	 '	Street Address: Registration Section	
Division of Co	orporations	Division of Corporations	
P.O. Box 632° Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3M DENTAL SERVICES, LLC

2021 FEB 15 AM 7: 58

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

(V. 1.10)	nda Chinted Liaothty Company)		• .
The Articles of Organization for this Limited Liability Florida document number L20000225338	/ Company were filed on	JULY 28, 2020	and assigned
riorida document number	 ·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company h	ere:	
MV DENTAL SERVICES, LLC			
The new name must be distinguishable and contain the words "I	imited Liability Company," the	designation "LLC" or I	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		. Florid	я
	City	, , , , , , , , , , , , , , , , ,	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		2021 FEB 15 AM 7:58	
<u>Title</u>	<u>Name</u>	Address	7: 58	Type of Action
			7:58	□Add
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	2021 FER 15 AH 7: 58
ective date, if other than the date	of filing: (optional)
a effective date is listed, the date must be spo	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
te: If the date inserted in this block do cument's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records
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ecord specifies a delayed effective date, is filed.	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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FEBRUARY 08	2021
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ted	ture of a member or authorized representative of a member