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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

	Staffing, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rachel Passarini			
		Name of Person		
	Star Dental Staffing, LLC			
		Firm/Company	20	
	3101 Port Royale Blvd Ap	nt 711	24 JAI ECRE TALI	
		Address		
	Fort Lauderdale, FL 33308	3	10.00mm 10.00	
	rachelpassarini@gmail.con	City/State and Zip Code	2024 JAN -3 MM II: 55 SECKELATIV SEEE, PL	
	E-mail address: (to be used for future annual report not	1 • 1	
For further information c	oncerning this matter, please c	all:		
Rachel Passarini		303 501-2650		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Star Dental Staffing, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000288003</u> .	ny were filed on $\frac{3/28/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Dental Pathways, LLC		
the new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
Principal office addr <u>ess MUST BE A STREET ADDRESS</u>)		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Catan nass mailing adduses if anoticables		7 (T) (T) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Inter new mailing address, if applicable:		Mix on
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>er</u>	nter the name of the new registe
New Registered Office Address:	Enter Florida street ac	Harris
	rmer r torida sirvet de	RHUSS
		. Florida
	Ciţy	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 = Manager AMBR = Authorized Member **Type of Action** Address <u>Title</u> <u>Name</u> \square Add □Remove □ Change \square Add □Remove Z024 JAH - 3 VI 72855 <u>∟n</u>⊟Remove □Change \square Add □Remove □ Change \square Add □Remove □ Change \square Add \square Remove □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____ Signature of a member or authorized representative of a member Rachel Passarini

EU CASO

Typed or printed name of signee