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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SAGE DENTAL OF ALAYAFA, PLLC

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T. LEMIEUX

MAR 24 2023

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Sage Dental of Alayafa, PLLC

SECOND: The Florida Document number of the limited liability company is: L23000125614

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☑ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect: Sage Dental of Alayafa, PLLC

Spelled wrong.

Correct: Sage Dental of Alafaya, PLLC

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative — Date: 3/22/23

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: $25.00
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CR2E062 (9/15)