3/6/24, 11:29 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : I20000000087 Phone : (561)394-7910 Fax Number : (561)393-6541

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jeffealtschuler. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEDIATRIC DENTAL SPECIALISTS, LLC

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## ((( /1340000 88 785 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEI	HATRIC DENTAL SPECIALISTS.	LLC	
(Name of the Limit	ed Liability Company as it now appeal (A Florida Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Li	ability Company were filed on $\frac{0}{2}$	9/09/2004	and assigned
Florida document number1.04000066264			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	e <u>re</u> :	<b>202</b> 1
The new name must be disunguishable and comain the w	ords "Limited Lanhility Company," the d	lesignation "LLC" or the a	2021 H. C. T.
Enter new principal offices address, if applic	able:	- 1111	2
(Principal office address MUST BE A STREE	T ADDRESS)		3
	<del></del>		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or r agent and/or the new registered office addres		ecords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	8401 LAKE WORTH ROAD,	SUITE 126	
	Enter Flor	ndu street address	
	LAKE WORTH	Florida	3467
	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 Changing Registered Agent, Signature of New Registered Agent

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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 $AMBR = M$	lanager Authorized Member	PIA	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
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in effective date is listed, the date must be spo nter. If the date inserted in this block do	citic and cannot be prior to di	are of bling or more than 90.	days after filing a Pursuant to 605020
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ccord specifies a delayed effective date, is filed	but not an effective time.	at 12:01 p.m. on the earl	ier of: (b) The 90th day after th
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SAMA	ne of a member or authorized	representative of a member	Ψ
	JEFFREY ALTSO	HULER	

Filing Fee: \$25.00