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TO:	Registration So Division of Cor			
CHRIC	Children's l	Dentistry of the Palm Beaches Pl	LLC	
SOBJE	c I	Name of Limit	ed Liability Company	
Division of Corporations Children's Dentistry of the Palm Beaches PLLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Yuri Goldvasser Name of Person Tongue Tie Center of Florida, PLLC Firm/Company 3365 Burns Road, Suite 209 Address Palm Beach Gardens, PL 33410 City/State and Zip Code mammelon@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yuri Goldvasser Name of Person Area Code Davine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
Please n	eturn all correspo	ondence concerning this matter to	o the following:	
		Yuri Goldvasser		
			Name of Limited Liability Company fee(s) are submitted for filing. In this matter to the following: Seer Name of Person Center of Florida, PLLC Firm/Company Road, Suite 209 Address Gardens, FL 33410 City/State and Zip Code gmail.com mail address: (to be used for luture annual report notification) Inter, please call: 775-1011 Area Code Daytine Telephone Number unt: Ing Fee & \$555.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
		ren's Dentistry of the Palm Beaches PLLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: Yuri Goldvasser Name of Person Tongue Tie Center of Florida, PLLC Firm/Company 3365 Burus Road, Suite 209 Address Palm Beach Gardens, FL 33410 City/State and Zip Code mammelon@gnail.com E-mail address: (to be used for future annual report notification) atton concerning this matter, please call: Sol		
		3365 Burns Road, Suite 209		
			Address	
		Palm Beach Gardens, FL 33	410	
		mammelon@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please cal	t:	
Yuri Go	oldvasser		561	
	Name o	t Person	at () Area Code Daytime	Telephone Number
SUBJECT: Children's Dentistry of the Palm Beaches PLLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Yuri Goldvasser Name of Person Tongue Tie Center of Florida, PLLC Firm/Company 3365 Burns Road, Suite 209 Address Palm Beach Gardens, FL.33410 City/State and Zip Code mammelon@gmail.com E-murl address: (to be used for future annual report notification) For further information concerning this matter, please call: Yuri Goldvasser Name of Person Tongue Tie Center of Florida, PLLC Firm/Company Address Palm Beach Gardens, FL.33410 City/State and Zip Code mammelon@gmail.com E-murl address: (to be used for future annual report notification) For further information concerning this matter, please call: Yuri Goldvasser Name of Person Tongue Tie Center of Status Certificate Code Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Street Address:				
		☐ \$30,00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
				tion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Children's Dentistry of the Palm Beaches PLLC		
(<u>Name of the Limited Liability Comp</u> (A Fiorida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on December 13, 2005	and assigned
lorida document number L05000118700		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ongue Tie Center of Florida, PLLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	address on our records, enter the nai	me of the new regist
gent and/or the new registered office address here:		237160
Name of New Registered Agent:		6.1 15-20
		<u> </u>
New Registered Office Address:	Enter Florida street address	
	rmer r toriaa sireet aaaress	-
 	Florida	Zip Code
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Add
			□ Remove
			□ Change
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amending any other information				
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fective date, if other than the d in effective date is listed, the date must b ite: If the date inserted in this bloc	k does not meet the applicat	date of filing or more than ole statutory filing require	(optional) 00 days after filing.) Pursuant to ements, this date will not be	o 605,0207 c listed as
cument's effective date on the Dep	artment of State's records.			
ecord specifies a delayed effective of streets and specifies and streets are specified.	late, but not an effective tim	e, at 12:01 a.m. on the ea	rrlier of: (b) The 90th day	after the
ted February 12	2021	<u>.</u> .		
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	gnature of a member or author	ized representative of a men	iber	
Yuri Goldvasser	Typed or printed			

Filing Fee: \$25.00