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SECRETARY OF STAIR
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Soft Dental Care & Cosmetics, LLC (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:
Ardavan Saidi (Name of Person)
Sofi Dental Care & Cosmetics LIC
119 Washington Ave. 6th Floor
Miami Beach, FL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
Ardavan Saidi at 305780 = (6.61) (Name of Person) (Area Code & Daytime Telephone Number)
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Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \$30.00 Filing Fee \& Certificate of Status \$\times \$Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ·Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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 608, 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.

(City)

(Zip Code)

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Type of Action
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Page 2 of 2

Filing Fee: \$25.00