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COVER LETTER

Division of Corporations
SUBJECT: Natalia Alvarado DMD LLC (All Smills
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:
Nortalia Alvarado
Name of Person
All Smiles Dental
2000 E. Commercial Blvd Ste E
Address
FOY-1 Lauderdale F1. 33308 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address:

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

Natalia Alvarado DMD LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1-23-09 and assigned Florida document number _L0900008297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Natalia Alvarado Stadler DMD LLC The new name must be distinguishable and contain 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 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

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 = 1	Manager
MICH -	vianage:
AMRR =	Authorized Member
AWIDK - A	Authorized Michiger

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			QAdd
			□Remove
			□Change
			□Remove
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		\ _Add	
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	***	□Change	
			□Add
			□Remove
		□Change	
			□ Add
			□Remove
			☐ Change

, ii amene	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
-	
Note: II	date, if other than the date of filing:
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2-18-3021
	Signature of a member or authorized representative of a member
	Natalia Alvarado Typed or printed name of signee

Filing Fee: \$25.00