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COVER LETTER

Division of Co			
SUBJECT:		LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sc	unghee Ahn	
		Firm/Company	
	2419 S. I	Dixie Hwy Address	
	west Pali	M DeCeCh, FC City/State and Zip Code	33401
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Sungh	ee Ohn of Person	at (561) 310 Area Code Daylim	-1190 e Telephone Number
Enclosed is a check for t	he following amount:		
12 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

Field	1 LLC
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $03/18/2009$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil LOSEY Endodontics LLC The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	24195. Dixie Huy
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FC 33401
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	رخي: ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
		 	□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Add
			 ⊖ Remove
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reffective date i te: If the date	s listed, the date inserted in this	the date of fili must be specific a s block does not e Department of	nd cannot be pr	dicable statut	iling or more th	ian 90 days af	tional) er filing.) Pu his date wil	rsuant to 605.02 Friot be listed :
cord specifies s filed.	a delayed effe	ctive date, but n	ot an effectiv	e time, at 12:	01 a.m. on th	e earlier of:	(b) The 90)th day after th
ed	7-16-	2021	-·	·				
		A 1	1 2	•	9			
		Signature of	a member or a	ukor zed renre	sentative of a	member		

Filing Fee: \$25.00