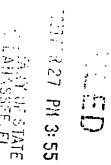
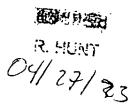


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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only







COVER LETTER

Prime Dental Lab. 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: Jongpil Kim Name of Person					O: Registration Se Division of Cor		
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: Jongpil Kim Name of Person		•		al Lab, LLC			
Please return all correspondence concerning this matter to the following: Jongpil Kim Name of Person		unpany	ted Liability Company				
Jongpil Kim Name of Person		g.	nitted for filing.	Amendment and fee(s) are si	he enclosed Articles of		
Name of Person		ıŘ;	to the following:	indence concerning this matte	lease return all correspo		
				Jongpil Kim			
Daine Daniel Lab LLC		Person	Name of Person				
Prime Dental Lab, LLC				Prime Dental Lab, ELC			
Firm Company		nipany	Firm Company				
1008N Pine Hills Rd				1008N Pine Hills Rd			
Address		ess	Address				
Orlando, FL 32808			Orlando, FL 32808				
City/State and Zip Code							
primedentallablle@gmail.com							
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		ture annual report notification)			ar fiether information c		
Jacqueline Danforth 646 831-6244		831-6244		cineering this matter, picuse			
Name of Person Area Code Daytime Telephone Number	-)	at ()	t Dagon	· 		
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Enclosed is a check for the following amount:				ne following amount:	nclosed is a check for th		
☐ \$25.00 Filing Fee	atus &	d Copy Certificate of a copy is enclosed) Certified Copy	Certified Copy		□ \$25.00 Filing Fee		
Mailing Address: Registration Section Street Address: Registration Section							
Division of Corporations Division of Corporations		Division of Corporations	Divisi				
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Dental Lab, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) othty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L12000023619	ere filed on February 17, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Smile Dental Management LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7D
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-	7>(_)	10
nter new mailing address, if applicable:	<u>୍ରିକ୍ଟ</u> ମେଲ	
Mailing address MAY BE A POST OFFICE BOX)	τη/Ω	
-		<u>ය</u>
3. If amending the registered agent and/or registered office adogent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new regis
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			L'Add
			Remove
			\ \ \ \ Change
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∂ffecti'	ve date, if other than the date of filing: (optional)
f an effe	retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
rd is file	ea.
Data de	April 21, 2023
Daica_	
	W 6 W
	Signature of a member or authorized representative of a member