

DEC 11 2024 WED 00:12:11

FBA HQ

12/01/04

L12000046485

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000407985 3)))



H240004079853ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI
Account Number : I20090000006
Phone : (305)755-9500
Fax Number : (305)714-4340

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SENIOR DENTAL, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2024 DEC 11 PM 3:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 DEC 11 PM 3:35

RECEIVED

DEC 11 2024 WED 03:12 PM

FMA HQ.

12/02/04

DocuSign Envelope ID: B5881691-562A-481F-8413-33C701C35337

H24000407985 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENIOR DENTAL, L.L.C.

(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 April 2, 2012 and assigned
Florida document number L12000046485.

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 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)

351 NW 42 Ave, 504

Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1321 SW 107th Ave, 216A

Miami, FL 33174

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: Richard C. Lage DDS PA

New Registered Office Address: 1321 SW 107 Ave, 216A
Enter Florida street address

Miami, Florida 33174
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.

DocuSigned by:

Richard Lage

8A1D60C534E4184...

Registered Agent, Signature of New Registered Agent

H24000407985 3

DEC 11 2024 WED 03:13 PM

FEB 10,

11 03/04

H24000407985 3

DocuSign Envelope ID: B5861691-562A-481F-8413-33C701C35337

It is hereby 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>	<u>Type of Action</u>
P. CEO	Paul McBride	7500 S.W. 8th Street, Ste. 400	<input type="checkbox"/> Add
		Miami, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Douglas Johnson	7500 S.W. 8th Street, Ste. 400	<input type="checkbox"/> Add
		Miami, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CTO	Eric Santiago	7500 S.W. 8th Street, Ste. 400	<input type="checkbox"/> Add
		Miami, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CRO	Nick Campbell	7500 S.W. 8th Street, Ste. 400	<input type="checkbox"/> Add
		Miami, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard C. Lage DDS PA	1321 SW 107th Ave, 216A	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H24000407985 3

DLV 11 2024 NEW 00:13 111

170

1. U4/ U4

DocuSign Envelope ID: B5861591-562A-481F-8413-33C701C35337
H24000407985 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12/11/2024, 2024

DocuSigned by:

Richard Lage

BA1D80C534E4485 ..

Signature of a member or authorized representative of a member

Richard C. Lage

Typed or printed name of signee

H24000407985 3

Filing Fee: \$25.00