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(Re	equestor's Name)	
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	Registration S Division of Co			
SUBJEC	Dr. Kenya	a Storr-Jones, LLC		
SUBJEC	T:		nited Liability Company	
			-	
		Kenya Storr-Jones		
			Name of Limited Liability Company Indifec(s) are submitted for filing. Ining this matter to the following: Out-Jones Name of Person Firm/Company For Court Address Inden, FL 34787 City/State and Zip Code yahoo.com E-mail address: (to be used for future annual report notification) matter, please call: 407 697-2643 At (
			Firm/Company	
		13133 Moro Court		
			Address	44. ***********************************
		Winter Garden, FL 34787	,	
			City/State and Zip Code	
		knstor02@yahoo.com	a barrel Carlos	
r			•	(cation)
For furthe	r information	concerning this matter, please c	all:	
Kenya St	orr-Jones			
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
≅ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

Dr. Kenya Storr-Jones, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company	were filed on <u>07/09/2013</u>	and assigned		
lorida document number L13000097343				
his amendment is submitted to amend the following:				
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
ones Dentistry, LLC				
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L.L.C."		
nter new principal offices address, if applicable: 13133 Moro Court				
Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787			
nter new mailing address, if applicable:	13133 Moro Court			
Sailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787			
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the name of the		
Name of New Desistered Assets		SE TO		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		ं ठा १		
	Enter Florida street address	3 5		
	, Florida	10°		
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
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		Change
		□ Add □ Remove
		□ Change
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e record specifies a delayed The 90th day after the reco		ate, but no	t an effec	tive time,	at 12:01 a	.m. on the earli	ier (
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Managing Member		1/ .	~ 4~		sne5		

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