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COVER LETTER

TO:				
elin tev	- · · · · · · · · · · · · · · · · · · ·	thodontics, P.I.,		
SUBJEC	ol:	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Wallace Brown, Jr., CPA		
			Name of Person	
		Fishbein Orthodontics. P.L Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Wallace Brown, Jr., CPA Name of Person Lambert Lanza, CPAs, P.A. Firm/Company 3700 Creighton Road, Suite 1 Address Pensacola, FL 32504 City/State and Zip Code wbrownjr@lambertlanza.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: wn. Jr., CPA Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee Certificate of Status Certified Copy Certificate of Status 6 Certified Copy Certified Copy		
			Name of Person A. Firm/Company nite 1 Address City/State and Zip Code com (to be used for future annual report notification) call: at (
	return all correspondence concerning this matter to the following: Wallace Brown, Jr., CPA Name of Person Lambert Lanza, CPAs, P.A. Firm/Company 3700 Creighton Road, Suite 1 Address Pensacola, FL 32504 City/State and Zip Code wbrownjr@lambertlanza.com E-mail address: (to be used for future annual report notification arther information concerning this matter, please call: ace Brown, Jr., CPA Name of Person Name of Person Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy			
			Address	
For furt		Pensacola, FL 32504		
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For furth	ner information ec		,	(Cation)
Wallace	Brown, Jr., CPA			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	t is a check for th	e following amount:		
■ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Fishbein Orthodontics, P.L.			
(Name of the Limited Liz (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability		09/2013	and assigned
Plorida document number 1.13000097401			
his amendment is submitted to amend the following	ត់:		
Florida document number L13000097401 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 "L.L.C." 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)			
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "LLC" or the o	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	·	
Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	2		3
		·	<u> </u>
		•••	
B. If amending the registered agent and/or re		our records, enter	
registered agent and/or the new registered office a	address here:	77.	6. †3
		÷	9
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floric	la street address	
		, Florida _	
	Cim		Zin Coda

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES-AN	Benjamin H. Fishbein	4900 Marketplace Road	
		Pensacola, FL 32504	□ Remove
СОО-МС	Amanda Floyd	4900 Marketplace Road	
		Pensacota, FL 32504	Remove
			Change
			
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ective date, if other than the date of filing: (optional effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90 days	l) .o.`\ Pur	\$200 to 605.0
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this dateument's effective date on the Department of State's records.	e will	not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m he 90th day after the record is filed.	. on t	the earlier
11/1 . 2017 . Stille ~		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00