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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			.,				
		tyard Run ,LLC		_				
SORT	ECT:	Name of Lim	nited Liability Company	<u> </u>				
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		United States Corporation	on Agents, Inc					
			Name of Person					
		United States Corporation	on Agents, Inc					
Firm/Company								
	13302 Winding Oak Court Suite A							
	Address							
		Tampa, FL 33612						
		Anne@212dentalcare.co	City/State and Zip Code m					
		E-mail address: (to be used for future annual report notif	ication)				
For fu	rther information co	oncerning this matter, please co	all:					
Antho	ony Santamaria		561 899-4595					
	Name of	Person		: Telephone Number				
Enclos	sed is a check for th	e following amount:						
	25.00 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
Tallahaman Et 22214

P.O. Box 6327 Clifton Tallahassee, Fl. 32314 2661 E

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

7744 Courtyard Run ,LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000179522</u> .	ny were filed on 11/19/2014 and	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviatio	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		N ISH
		<u>မ</u>
		0 P
Enter new mailing address, if applicable:		PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		<u>မာ</u>
		<u>ση Ξ</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		me of the nev
New Registered Office Address:	Enter Florida street address	
	Florida Zio C	Eodv
	,	*****

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>	Address	Type of Action
MGR	William Santamaria	21944 Town Place Dr Boca Raton, FŁ 33433	
		boca Ratori, FL 33433	B Add
			□ Remove
			C Change
			
			Remove
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ited	August 6	28	_, _2013	8				
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Filing Fee: \$25.00