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

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From:		 -			
		: M. FAEHNER, ESC	, LLC		
	Account Numbe	r : I20170000081 : (727)443-5190			7020 225
	Fax Number	: (727)474-9949			برنت <u>-</u>
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Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 7 2020

COVER LETTER

	gistration Sec vision of Corp			
OUD IECT.		ES PEDO, PLLC		
SORTEC1:		Name of Limit	ed Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspor	dence concerning this matter t	o the following:	
		D'Anne Bruen		
			Name of Person	
		Blue Wave Dental Group	_	
			Firm/Company	
		1773 West Fletcher Avenue	e 	
			Address	
		Tampa, FL 33612		
		d.bruen@bluewavedentalgr	City/State and Zip Code	
			to be used for future armual report n	otification)
For further	information co	oncerning this matter, please ca	all:	
D'Anne Br	uen		813 968-2483 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filling Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	falling Addrestegistration (Division of Co. Box 632) allahassee,	Section Corporations 27	• • • • • • • • • • • • • • • • • • • •	Section Corporations of Tallahassee proe Street, Suite 810

Aug 14, 2020 01:32 AM+To: 1850G176383 Page 3/5 From: Faehner PLLC Fax: 7274749949

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIDS SMILES PEDO. PLLC		
(Name of the Limited Liability Compr (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 01/21/2016	and assigned
lorida document numberL16000012442		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		سبن مسبن سار
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		بب
		$\overline{\omega}$
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		orida
	Ciny	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.

Aug 14, 2020 01:32 AM- To: 18506176383 Page 4/5 From: Faehner PLLC Fax: 7274749949

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
MGR	FRANK, SIERRA J		≘Add
		1773 West Fletcher Avenue	□Remove
		Tampa, FL 33612	□Change
MGR	MCDOWELL, ERNEST H., DMD	1773 West Fletcher Avenue	□Add
		Tampa, FL 33612	
			☐ Change
			Remove
			□Change
			□Add
			□Remove
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ocumer	nt's effective dat	e on the Depart	ment of State	e's records.				
record I is file	specifies a delay	red effective dat	e, but not an	effective time,	at 12:01 a.m. o	n the earlier of	f. (b) The 90th d	lay after th
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Pated _	AUGUST 11		<i>//:</i> :	2020				
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	pto the	Sign	ature of a men	nber of authorize	d representative	of a member		

Filing Fee: \$25.00

Typed or printed name of signee