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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAEHNER PLLC Account Number : I20170000081 Phone : (727)306-0202 Fax Number : (727)474-9949

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 KIDS SMILES PARTNERS, PLLC

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SEP 2 7 2021

S. PRATHER

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Help

To: 18506176383

Fax: 7274749949

COVER LETTER

то:	Registration Sec Division of Corp			
CUDIC		Partners, PLLC		
SUBJE	C1:	Name of Limit	ed Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please r	eturn all correspon	ndence concerning this matter to	o the following:	
		Michael J. Faehner		
			Name of Person	
		Faehner PLLC		
			Firm/Company	
		301 Woodlands Pkwy. Suite	c 10	
			Address	
		Oldsmar, FL 34677		
			City/State and Zip Code	
		filings@fachner.law E-mail address: (to	be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca		
Michae	l J. Fachner		727 206-0201 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMEN'T TO

ARTICLES OF O	~-;	2021 SEP 24 SECRETARY	
	in the second se	SES SES	~~
Kid Smiles Partners, PLLC	S. S	± ∨	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	HW T	-EO
The Articles of Organization for this Limited Liability Company	were filed on 01/21/2016 and 45	ഗ	
Florida document number L16000012460	ID A	ਜ	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the decignation "I I C" or the abbreviation "I	<u> </u>	
The new name must be distinguishable and contain the words. Elimited Liabil	ny Chinpany, the designation and of the above viation and	1.0.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	1773 West Fletcher Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33612-1820		
B. If amending the registered agent and/or registered office a	address on our records enter the name of the new	v register	·ed
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	indiress on our records, enter the name or the next	register	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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.

9/24/2021 12.08:53 EDT

To: 18506176383

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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>	Name	Address	Type of Action
MGR	Feldman, Randy M. DDS MS	1773 West Fletcher Avenue	
		Tampa, FL 33612-1820	⊞ Remov e
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te: If	e date, if other than the tive date is listed, the date mus the date inserted in this blant's effective date on the De	ock does not med	et the applicable:	e of filing or more that statutory filing requ	(optional) to 90 days after filing hirements, this date	.) Pursuant to 605 will not be liste	.0207 (ed as t
cord s	specifies a delayed effectiv i.	e date, but not ar	ı effective tim e , s	at 12:01 a.m. on the	earlier of: (b) Th	ne 90th day after	r the
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		//N) :	Fleo	X		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	1202
		Signature of a me	mber or authorized	representative of a n	nember	1 4 1	
	Michael J. Fachner	Signature of a me	mber or authorized	l representative of a n	nember	AHA	2021 SEP 24

Filing Fee: \$25.00