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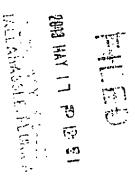
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2 DD Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAYVA SOTO Name of Person
2 DD Group LLC Firm/Company
2524 MONTCLAINE CIR
Address
2524 MONTCLAINE CIR Address WESTON, FL 33327
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAYUA 50f0 at (754) 308 0770 Name of Person Area Code Daytime Telephone Number
Name of Felson
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status & \$\Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

-	noup	LLC	· · · · · · · · · · · · · · · · · · ·	
Name of the Limited I	<u>liability Com</u> Florida Limite	pany as it now app d Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liabi		ny were filed on _	02/04/2	269 HAY I 7 P 12: 54 O 6 and assigned TALLAHASSES, FLURUA
Florida document number <u>L1600024</u>	1 36.1		, ,	TALLAHASSES, FLURIJA
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited lia	bility company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Lia	bility Company," the	e designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e :			1.00
(Principal office address MUST BE A STREET A	DDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	***		
		th == 1		
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records,	enter the name of the new
Name of New Registered Agent:				·
New Registered Office Address:		Enter F	lorida street address	
-		City	Flori	ida Zip Code
New Registered Agent's Signature, if changing Regi	stered Agen	t:		·

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

	Authorized Person(s) authorized to man rom our records:	nage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHANNA SOTO	2524 MONTCLAIRE CIR WESTON, FL 33327	D -Add
		WESTON, FL 33327	Remove
			Change
			🗖 Remove
			Change
			□ Add
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	EXTERETHE OBJECT to HARKETING OF DENTAL
	IMPLANTS AND DENTAL PRODUCTS AND
_	SERVICES
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n effect i <mark>te:</mark> If	e date, if other than the date of filing: O5/14/2019 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list at's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.
ed	or /14 2019.
	Signature of a member or authorized representative of a member
	~ ~ ~

Page 3 of 3

Filing Fee: \$25.00