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SECRETARY OF STATE

S Warren MAY 1 7 2017

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	NOVA RESI	EARCH AND DEVELOPMI	ENT IN DENTISTRY LLC	
Joby Le 1.		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Richard Miron		
			Name of Person	
		Nova Research and Develo	opment in Dentistry LLC	
			Firm/Company	
		858 Dahoon Circle		
			Address	
		Venice, FL., 34293		
			City/State and Zip Code	
		info@prfedu.com		
		•	to be used for future annual report notif	ication)
For further in	formation con	cerning this matter, please ca	ıll:	·
Robin Miron			954 909-2763 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling Fee	Sand 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:

TO:

Registration Section

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

NOVA RESEARCH AND DEVELOPME	,
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L16000044924</u>	* Company were filed on March 3, 2016 and assigned
Thus amendment is submitted to amend the following:	
4. If amending name, enter the new name of the li	mited liability company here:
Miron Institute LLC	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
i. If amending the registered agent and/or regestered agent and/or the new registered office ad Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new</u> ddress here:
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
ew Registered Agent's Signature, if changing Register	red Agent:
rovisions of all statutes relative to the proper and	nt and agree 10 act in this capacity. I further agree to comply with the
	complete performance of my duties, and I am familiar with and — agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the langed langility
eing filed to merely reflect a change in the registe	complete performance of my duties, and I am familiar with and engagent as provided for in Chapter 605, F.S. Or, if this document is pred office address, I hereby confirm that the lamited lawility

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
			🖸 Add
			🗅 Remove
			☐ Change
			D Add
			□ Remove
			Change
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	·		🗆 Remove
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			_□ Add
			Rēmovē
		LLAHASSEE.	Change
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		FLORIDA	E -R emove
			_□ Change

Effective date, if other than the date of filing: (an effective date is listed, the date must be specific and caunot be prior to date of filing or more than 90 days after filing.) Pursuant Mote: If the date instant on this block does not meet the applicable statutory filing requirements, this date will not it document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	
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The 90th day after the record is filed. Pated May 8 2017	
pared	earlier of:
Ridni Signature of a member or authorized representative of a member	<u> </u>
RICHARD MIRON Typed or printed name of signee	OB

Page 3 of 3

Filing Fee: \$25.00