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(Re	questor's Name)	
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COVER LETTER

Division of Corpo	orations		
Kind Care De SUBJECT:	entistry,LLC		
SUBJECT.	Name of Limite	ed Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Jeff Ludwig		
		Name of Person	
	Ludwig& Associates, P.A.		
		Firm/Company	
	5150 Belfort Rd. S. #500		
		Address	
	Jacksonville, Florida 32256	6	
		City/State and Zip Code	
	jignesh1021@gmail.com		
	E-mail address: (to	be used for future annual report notificati	on)
For further information con	cerning this matter, please call	l:	
Jeff Ludwig		904 281-0145 at ()	
Name of P	erson	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	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:

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

	Kind Care Dentistry, LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L16000054397 This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a s	oility Company were filed on 03/16/2016	and assigned
<u></u>		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.		
Trincipal Office numers most be more statement		
Entar now molling address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		, T
D. If amounting the projectional areas and analysis	registered office address on our records, enter t	• ·
registered agent and/or the new registered office	registered office address on our records, enter the address here:	
	······································	
Name of Navy Pagistared Agents	i ^{rt}	
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.

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	Barbela, Antal	12337 Wynnfield Lakes Dr.	□ Add
		Jacksonville, Florida 32246	■ Remove
			□ Change
MGR	Patel, Natasha	1580 Wells Road	■ Add
		Suite 200	☐ Remove
		Orange Park, Florida 32073	☐ Change
			Add
			☐ Remove
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f amending any other information, enter change(s) here: (Attach ad	gainonai sneeis, ij necessary.)	
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ffective date, if other than the date of filing:	(optional) -	ত 🖑
an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.)'Pürsuan	to 605.02
ocument's effective date on the Department of State's records.	? -	gy nated t
e record specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the	earlier (
The 90th day after the record is filed.	, 21 22.02 3 5 1	
March 22 2016		
	7 1	
John Li	and "	
Signature of a member or authorized represent	tative of a member	
	/)	
(/ Jeffrey R. Ludwig, Esq.		

Page 3 of 3

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