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T SCHEDER

COVER LETTER

ΓO: Registration Section Division of Corporations	
SUBJECT: Smart Health Dental, 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:	
Eliberto Gracia Name of Person	
Smart Health Dental ILC	
1 Oakwood Blvd # 200	
Hollywood FL 33020 City/State and Zip Code	
Amail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Eliberto Gracia at (305) 345-8836 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Head (Name of the Limited)	iability Company	as it now appears bility Company)	on our records.)	<u>-</u>		
The Articles of Organization for this Limited Liabi			5/11/20)16 ai	nd assig	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabili	tv company her	<u>e</u> :			
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the des	signation "LLC" or t	he abbreviati	ion "L.L	C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A				150 150 150 150 150	19 0 0 0	1 !
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO).Y)				3 1911 2:	M
maning maness party preservous of the grant	<u>,</u>			(D)	(2) (2)	
B. If amending the registered agent and/or regi		dress on our re	cords, <u>enter the</u>	name of tl	<u>1e new</u>	registered
Name of New Registered Agent:	1 0)		R \\ +	+ 200		
New Registered Office Address:	+ Lally	Enter Florid	da street address, Florid:	a 33	OS Code	<u>.</u>

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			OAdd
			□Remove
			□Change
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			Change
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			□Remove
			□ Change
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			□Remove
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, the nument's effective date on the Department of State's records.	s date will no	of be liste
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (1	o) The 90th	day after
s filed.		
12/13 2019		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00