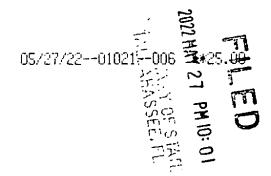
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Corp	porations					
	NATURA	L SMILES OF ORLANDO, L	LC				
SUBJECT:	<u> </u>	Name of Limi	ted Liability Company				
The enclosed	Articles of z	Amendment and fee(s) are sub-	nitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		JORGE MERCADO, DMI)				
		<u> </u>	Name of Person				
		NATURAL SMILES OF C	DRLANDO, LLC				
			are submitted for filing. Is matter to the following: DO, DMD Name of Person LES OF ORLANDO, LLC Firm/Company St. Address City/State and Zip Code notmail.com address: (to be used for future annual report notification) please call: at (S65				
		1315 E Robinson St.					
		Address					
	NATURAL SMILES OF ORLANDO, LLC Firm/Company 1315 E Robinson St. Address Orlando, FL 32801 City/State and Zip Code jorgelmercado@hotmail.com E-mail address: (to be used for future annual report notification) Formation concerning this matter, please call: Mike Cullum Name of Person Area Code Daytime Telephone Number check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: ing Address: Registration Section Division of Corporations						
			City/State and Zip Code				
		E-mail address: (o be used for future annual report notif	ication)			
For further in	iformation co	oncerning this matter, please ca	all:				
Mike Cullum							
Name of Person		Area Code Daytime	: Telephone Number				
Enclosed is a	check for th	oc following amount:					
		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy			
Reg	gistration S	Section	Registration Sec				
). Box 632		The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 27 PM 10: 01

NATUR/	AL SMILES OF ORLANDO, LL	.C	V 1
(Name of the Limited Lia	bility Company as it now appears	on our records,)	S. COESTATE
(A Flo	AL SMILES OF ORLANDO, EL bility Company as it now appears rida Limited Liability Company)	MALLA	HASSEE, FL
The Articles of Organization for this Limited Liability	y Company were filed on	12/06/2016	and assigned
Florida document numberL16000221252			
Torral declarion range	 ·		
This amendment is submitted to amend the following	•		
A. If amending name, enter the new name of the l	imited liability company here	<u>e</u> :	
N/A			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
Principal office address MUST BE A STREET AD	DRESS)		
	····		
			
Enter new mailing address, if applicable:	N/A		
	_ 		
(Mailing address MAY BE A POST OFFICE BOX)	 _		·
			6.3
B. If amending the registered agent and/or registe agent and/or the new registered office address her		cords, <u>enter the nai</u>	me of the new regist
agent and/or the new registered office address her	<u>c</u> .		
N CN P N/-	A		
Name of New Registered Agent: NA.			
New Registered Office Address:			
	Enter Florid	la 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
MGRM	CARLA ARIAS, D.M.D.	4063 N. GOLDENROD ROAD, SUITE 4	
		WINTER PARK, FL 32792	≣Remove
			□Change
			🗆 Add
			□Remove
			□Change
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