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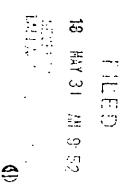
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COVER LETTER

то:		stration Sec sion of Corp				
SUBJEC	ca.	Jimmer Her	nandez Aesthetic Dental Com	pany PLLC		
NODSEX	C. I.		Name of Lim	ited Liability Company		
The encl	losed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn .	all correspoi	ndence concerning this matter	to the following:		
			Joe Gutierrez			
				Name of Person		-
	Jimmer Hernandez Aesthetic Dental Company PLLC					
		Firm/Company				-
	20200 W Dioxic HWY STE 708					
		Address			-	
	Aventura, FL33180					
				City/State and Zip Code	· <u>-</u>	-
			joe-gutierrez@live.com	to be used for future annual rep	ort notification)	
For furth	ner in	formation co	oncerning this matter, please co		,	
Joe Guti	ierrez			954 512-8		
-		Name of	Person	at ()	Daytime Telephone Numbe	r
Enclosed	d is a	check for th	e following amount:			
\$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &
			NG ADDRESS:	STREET/C	COURIER ADDRESS:	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jimmer Hernandez Aesthetic Dental Company PLLC	2	
(Name of the Limited Liability Comp (A Florida Limited	oany as it now <u>appears on our records.</u>) I Liability Company)	,
The Articles of Organization for this Limited Liability Compan	y were filed on Agust 1st 2017	and assigned
Florida document number 1.17000164007		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
H Dental Managment Company , LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Entar now principal offices address if applicables		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<u> </u>	
		25%
Inter new mailing address, if applicable:		(9
Mailing address MAY BE A POST OFFICE BOX)		- 2
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
Total Taginer of Office Title Co.	Enter Florida street address	
	, Flor	ida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the	date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.0
an effective date is listed, the date must be for this blue. If the date inserted in this blue.	st be specific and cannot be prior to date of fili lock does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 605.05 ory filing requirements, this date will not be listed
locument's effective date on the D		
e record specifies a delayed The 90th day after the rec		ctive time, at 12:01 a.m. on the earlier
,		
May 30th	2018	
Dated May 30th	2018	
Dated May 30th	2018 Signature of a member or authorized represe	

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Filing Fee: \$25.00