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COVER LETTER

Division of Cor			
TMJ & Sle	ep of NCF, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul M. Schmidt		
		Name of Person	
	Boardman & Clark LLP		ランド
		Firm/Company	7 5
	P.O. Box 927		
		Address	
	Madison, WI 53701-0927		
		City/State and Zip Code	
	lpeterson@boardmanclark.	com to be used for future annual report notifi	eation
For further information of	concerning this matter, please c	•	
LuAnn Peterson		608 283-7542	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMJ & Sleep of NCF, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on March 26, 2018 and assigned
Florida document number L18000077456	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite TMJ & Sleep of NCF, PLLC [This amendment is for this entity to be recognized as a profes.]	7/4 C
	d Liability Company," the designation "LLC" or the abbreviation "L.L.C.I"
Enter new principal offices address, if applicable:	27:11 - Constant
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our records, enter the name of the ness here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 **Title** Name **Address Type of Action** □ Add ☐ Remove ☐ Change Remove **€** Chang ۾ Add _□ Remove _□ Change _□ Add ☐ Remove □ Change _D Add _□ Remove □ Change _□ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00