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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations		
	Ikigai Denta	al Management, 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	ndence concerning this matter	to the following:	
		Matthew Van Wagoner		
			Name of Person	
		Parsons Behle & Latimer		
			Firm/Company	<del></del>
		201 S. Main Street, Suite 1	800	<u></u>
			Address	
		Salt Lake City, Utah 84111		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
Matthew Va	n Wagoner		801 536-6708	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.0 F	iling 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)
			<u>Street Address:</u> Registration Se	ection
			<del>-</del>	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Matthew Van Wagoner				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ikigai Dental Management, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/07/2018</u>	and assigned
Florida document number L18000110149		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Operation Dental LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		, <b>0</b>
		, ω (
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		-1
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emet esorida sirvei daaress	
	Florid	lap Code
	$\epsilon w$	p coae

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			Change  Add  PH Remove
			Remove
			Change
			□Add
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fective date, if other than the date in effective date is listed, the date must be spate:  If the date inserted in this block document's effective date on the Departn	ecitic and cannot be poes not meet the ap	plicable statutory	or more than 90 days a	<b>ptional)</b> ifter filing.) Pursuar this date will not	n to 605.02 be listed
ecord specifies a delayed effective date is filed.	, but not an effectiv	re time, at 12:01 a	.m. on the earlier of	: (b) The 90th d	ay after th
December 18	2020	<del></del> .			
Mr.	//	Rem.			_
	ture of a member or a				

Filing Fee: \$25.00