## 118000113193

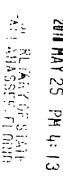
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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC'		E ORTHODONTICS, DDS, P	LLC	
SOBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Christopher Brown, Esq.		
		<u></u>	Name of Person	
		Fears Nachawati Law Firm	1	
		·	Firm/Company	<del></del>
		4925 Greenville Ave. Suite	: 715	
		·	Address	<del></del>
		Dallas, TX 75206		
		cbrown@fnlawfirm.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi-	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Christopl	ier Brown, Esq.		214 461-6223	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR. SHANE ORTHODONTICS, DDS, PLLC

(Name of the Limited Liab (A Flor	bility Company as rida Limited Liabilit	t now appears on o y Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L18000113193	y Company were	filed on	018	and a	ssigned
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liability o	ompany here:			
DR. SHANE ORTHODONTICS, DMD, PLLC					
The new name must be distinguishable and contain the words "L	Limited Liability Co	mpany," the designa	ntion "LLC" or the ab	breviation "	L.L.C.''
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)				
			, <u>-</u> -	<u> </u>	
			> H	E <b>3</b> €	; i .
Enter new mailing address, if applicable:			A 22		
(Mailing address MAY BE A POST OFFICE BOX)				प्राप्त	<b>1</b>
			نتز		ζ-·
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		address on our	records, enter	the name	e of the ne
Name of New Registered Agent:					
New Registered Office Address:			reet address		
			, Florida		
<del></del> -	(	City		Zip Cod	
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete perfo l agent as provi ered office addr	ormance of my a ded for in Chapi	luties, and I am j ter 605, F.S. Or,	familiar w if this doe	ith and cument is
	If Changing	Dagictored Lagart S	Signature of Nov De	acistomed A	ont.

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
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ffective date, if other than an effective date is listed, the date	the date of filing: must be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.0
lote: If the date inserted in thi	is block does not meet the applicable statutory file.  Department of State's records.	
e record specifies a dela The 90th day after the	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the earlier
ated May 16	2018	
Λ <b>1</b> 4 α		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00