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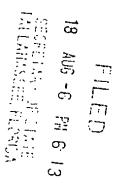
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

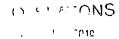
Office Use Only



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COVER LETTER

	gistration Se- vision of Corp			
SUBJECT:		NTAL PLLC		
Sobjec 1.		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		ROY BINGER		
			Name of Person	
		BINGER FINANCIAL SE	RVICES LLC	
			Firm/Company	
		146 2ND STREET N SU	ITE 310	
			Address	
		ST PETERSBURG FL 3	3701	
			City/State and Zip Code	
		rbinger@bingerfinancial.c		
For further i	nformation co	e-mail address: (i oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
ROY BING	ER		727 822-2719	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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)

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

ROSY DENTAL PLLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L18000180091	oility Company were filed on 07/26/2018 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET.	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the eaddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Reg	istered 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
AMBR	ROY BINGER	210 S FORT HARRISON AVE #	
		CLEARWATER FL 33756	■ Remove
			Change
AMBR	ROSA MAI TRAN	210 S FORT HARRISON AVE #	≅ Add
	· · · · · · · · · · · · · · · · · · ·	CLEARWATER FL 33756	☐ Remove
			☐ Change
			Remove Remove Remove
			Remove
			Change
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			Change
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the contract of the first term of the contract of	be specific and cannot be p	rior to date of filing or mo		
			, requirements, uni	date will not be lighted a
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ote: If the date inserted in this blocument's effective date on the December record specifies a delayed. The 90th day after the recordated August 2	effective date, but ord is filed.	7		.m. on the earlier o

Page 3 of 3

Filing Fee: \$25.00