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JUN 2 6 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marko Dental Arts LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marko Knezevic Name of Person
Marko Dental Arts, LLC
621 Wilks Ave, Scite B
Orlando, FL 32809 City/State and Zip Code Marko, dental, arts @ quail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marko Knezevic at (757) 217 - 7282 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

1101

(Name of the Limited Lis	ability Company as it now appears on our records.) orida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on Nov. 19, 2018 and assigned Florida document number					
This amendment is submitted to amend the following	g .				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	<u> </u>				
(Principal office address MUST BE A STREET AL	DARFCC)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2 PRESSO				
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>enter the name of the new</u> address here:				
Name of New Registered Agent:					
New Registered Office Address:	621 Wilks Ave Suite B Enter Florida street address				
	Orlando, Florida 32809 Zip Code				
New Registered Agent's Signature, if changing Regist	tered Agent:				

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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	
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If amending any other information, enter change	1 / a
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e applicable statutory filing requirements, this date will not be listed as records.
ne record specifies a delayed effective date, l The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier o
Dated 6/13/19	TS Mm
Signature of a member	r or authorized representative of a member
Marko Ki	· · · · · · · · · · · · · · · · · · ·
/Vlarko Fi	1ez <i>evic</i>

Page 3 of 3

Filing Fee: \$25.00