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		<u>.</u>
(Re	questor's Name)	
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	ORAL HYC	GIENE SOLUTIONS LLC		
		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		PATRICIA SHANNON		
			Name of Person	
		ORAL HYGIENE SOLUT	TIONS LLC	
			Firm/Company	
		5114 NW 59TH WAY		
			Address	
		CORAL SPRINGS FL 330	067	
			City/State and Zip Code	
		PALSHANNON@AOL.CO		
		E-mail address: (t	o be used for future annual report notifi	eation)
or further is	iformation co	incerning this matter, please ca	di:	
ATRICIA	SHANNON		754 224-7118	
	Name of	Person	at () Area Code Daytime	Telephone Number
osed is a	check for the	e following amount:		
25.00 F	iling Fee	S30.00 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

ORAL HYGIENE SOLUTIONS LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con- Florida document numberL19000007383	npany were filed on JANUARY 4 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		——————————————————————————————————————
		19
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	2.7.2.2.2.	<u>→</u>
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		至 至 □
. If amending the registered agent and/or register		
gistered agent and/or the new registered office addres	ss nere:	DA 15
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida _	
	City	Zin Code

legistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'led to merely reflect a change in the registered office address, I hereby confirm that the limited liability y has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

... 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>	Name	Address	Type of Action
MGR	DANIEL SHANNON	5114 NW 59TH WAY CORAL SPRINGS FL 33067	= Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
		□ Add	
			☐ Remove
			☐ Change
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ective date, if o	ther than the date of filing sted, the date must be specific and	ţ:	(optio	onal)
e: If the date in	sted, the date must be specific and serted in this block does not m e date on the Department of St	ieet the applicable statut	ling or more than 90 days after ory filing requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
record specif ne 90th day	ies a delayed effective da after the record is filed.	ate, but not an effe	ctive time, at 12:01 a	.m. on the earlier o
ed //6	/2019	·		
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Typed or printed name of signee

Filing Fee: \$25.00