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(Req	uestor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MY FORI	EVER SMILES LLC		
		tited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HOWARD L HIRSCH		
		Name of Person	
	H L HIRSCH & COMPA	NY LLC	
		Firm/Company	
	1006 WEST 25TH STREE		
		Address	
	SANFORD, FL 32771		
	hlhireah Quahan ann	City/State and Zip Code	
	hlhirsch@yahoo.com E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
HOWARD L HIRSCH		at (407) 622-6350	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ation
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 63	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY FOREVER SMILES LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 01-17-2019 and assigned
Florida document number 1.19000020078
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
G A DENTAL & AESTHETICS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
202
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the hew registered agent and/or the new registered office address here:
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
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 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
MGR	ALLYSON JENNINGS	101 S EOLA DRIVE # 901	■Add
		ORLANDO, FL 32801	□Remove
			□ Change
			□Add
			□Remove
			□Change
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(If an effe - <u>Note:</u>	ve date, if other than the date of filing: 02-17-2023 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ie record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
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ne record ord is tile	FEBRUARY 17 2023
he record ord is tile	ed.

Filing Fee: \$25.00