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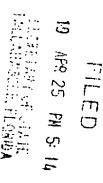
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COVER LETTER

	Registration Sec Division of Corp		·			
eub inc		al Studio, PLLC				
SUBJECT:Name of Limited Liability Company						
The encle	osed Articles of a	Amendment and fec(s) are sub-	mitted for filing.			
Please re	turn all correspoi	ndence concerning this matter	to the following:			
		Zeljka Licina				
	Name of Person					
	Firm/Company					
		4500 Bayview Dr.				
		Fort Lauderdale, FL, 3330	Address 8			
		licina.dds@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report not	itication)		
For furth	er information ec	oncerning this matter, please ca	all:			
Zeljka L	icina		917 923-7712			
	Name of	î Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	e following amount:				
□ \$25.0	00 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

5 Star Dental Studio, PLLC		
(Name of the Limited L (A F	jability Company as it now appears on our re forida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil	tity Company were filed on 3/25/19	and assigned
Florida document number L19000081139	 •	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	5
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "	LLC" or the abbreviation PLLC."
Enter new principal offices address, if applicable		5 E
Principal office address MUST BE A STREET A	DDRESS)	5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u>v</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
_		, Florida
	City	Zip Code

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>	<u>Address</u>	Type of Action
MGR	Zeljka Licina	4500 Bayview Dr. Fort Lauderdale, FL, 33308	<u> </u>
			🗆 Remove
			☐ Change
			
			□ Remove
			Change
			Add
			CAREMOVE PREMOVE
			Change ☐ Add
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			□ Change

Effective date, if other than the date of filing: (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed. Dated April 23 Signature of a peripher or behaviored representative of a member	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed. Dated April 23 9019	
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	m. on the earlier of:
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Signature of a mortillor or authorized consequencing of a manifer	
Signature of a premote of anatorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00