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PICK-UF	WAIT	MAIL
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	(Business Entity Name)	
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COVER LETTER

TO: Registration S Division of Co		,	
CUDICAT.	ver Acquisitions, LLC		
SUBJECT:	Name of Lim	ited 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:	
	Amir Guirguis		
		Name of Person	-
		Firm/Company	
	1971 Datura St		
		Address	
	Sarasota, FL 34239		
		City/State and Zip Code	
	amirguirg@hotmail.com	<u> </u>	
For further information	E-mail address: concerning this matter, please c	to be used for future annual report not call:	tification}
Amir Guirguis		440 915-3236 at ()	
Name	of Person	Area Code Daytin	ne 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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rocky River Acquisitions, 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 June 4, 2019 and assigned Florida document number $\frac{L19000148071}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rocky River Dental Management, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1971 Datura St Enter new principal offices address, if applicable: Sarasota, FL (Principal office address MUST BE A STREET ADDRESS) 34239 1971 Datura St Enter new mailing address, if applicable: Sarasota, FL 34329 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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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			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an cf <u>Note:</u>	ive date, if other than the date of filing:
e reco rd is f	rd 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 led.
l'Year e e e	June 24 2020
Dated	<u> </u>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00