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### FLORIDA FILING & SEARCH SERVICES, INC.

#### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/11/2024

NAME: DENTAMARK LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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	gistration Sec ision bf Corp			
SURIF <i>C</i> T∙	DENTAMA			
SUBJECT:	· <del>-</del>		ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Brian Ware		
			Name of Person	
		DENTAMARK, LLC		
			Firm/Company	<del> </del>
		10991-54 San Jose Blvd.		
		<del></del>	Address	
		Jacksonville, FL 32223		
		-	City/State and Zip Code	
		brianleeware@gmail.com		
		E-mail address: (t	o be used for future annual report n	otification)
For further in	nformation co	ncerning this matter, please ca	ill:	
Adrian Rust	, Esq.		904 232-7202 at ()	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	Filing 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 Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP 11 AM 9: 18

DENTAMARK, 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 Li	ability Company were filed on	07/30/2019	and assigned
Florida document number L19000184478			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>v here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		ir records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	Adrian Rust, Esq.		
New Registered Office Address:	c/o Burr & Forman, LLP, 50 h	N. Laura Street, Suite 3000	
	Enter	Florida street address	
	Jacksonville	, Florida	
	City		Lip Code
New Registered Agent's Signature, if changing I	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.

Adrian Rust

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ©: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB in amenuing Authorized rerson(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
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Effectiv	e date if other than the date of filing: (ontional)
<u>Note:</u> 11	e date, if other than the date of filing:
	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 d.
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Filing Fee: \$25.00