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| SUBJEC | т. С | ne Click | Smiles, LLC | | | |
| SOBJEC | | | Name of Lim | ited Liability Company | | |
| The enclo | sed Ar | ticles of An | nendment and fee(s) are sub | mitted for filing. | | |
| Please ret | urn all | correspond | ence concerning this matter | to the following: | | |
| | | | Alexandra Starr, CPA | 4 | | _ |
| | | | | Name of Person | - | |
| | | | KVLSM | | | |
| | | | | Firm/Company | | • |
| | | | 415 Crossway Par | k Drive, Suite C | | |
| | | | | Address | | |
| | | | Woodbury, NY 11 | 797 | | |
| | | | astarr@dvlsmcpa.co | City/State and Zip Code | , | |
| | | - | • | to be used for future annual | report notification) | |
| For furthe | er infor | mation cond | cerning this matter, please co | all: | | |
| Alexandra Starr, CPA | | at () | 294-0400 | | | |
| | | Name of Pe | erson | Area Code | Daytime Telephone Number | |
| Enclosed | is a ch | eck for the f | ollowing amount: | | | |
| Ø \$25.0 | 00 Filin | g Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enc | Certifica (losed) Certified | te of Status & |
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| P.O. Boy 6327 | | | | The Car | ntre of Tallahassee | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Click Smiles, LLC

| (Name of the Limited Liability Compa (A Florida Limited I | ny us it now appears on our records.) | | | | |
|---|---|---------------------|--|--|--|
| (A Florida Limited I | Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL_20000260032 | were filed on August 21, 2020 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the ab | breviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 201 NW 22nd Ave., Unit 100 Ft. Lauderdale, FL 33311 | | | | |
| | Alexandra Starr, CPA | | | | |
| Enter new mailing address, if applicable: | c/o KVLSM | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 415 Crossways Park Drive, Suit | e C | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | Woodbury, NY 11797 address on our records, enter the nam | 500 | | | |
| Name of New Registered Agent: | | SSE SE | | | |
| New Registered Office Address: | Enter Florida street address | ESTATE E. FILE | | | |
| | , Florida | | | | |
| | City | Zip Code | | | |

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 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 Title <u>Name</u> Address Type of Action _____ □Add ___ □Remove ______ □Change ______ □Remove _____ □Change □**Re**move 020 OCCange Remove _____ Change _____ ClChange

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| | ve date, if other than the date of filing: | onal) filing.) Pursus s date will no | unt to 60: ot be list | 5.0207 (ted as t |
| e reco rd is fi | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b |) The 90th | day afte | r the |
| Dated | October (2020). | | | |
| | - / / \ - | | | |
| | Signature of a member or authorized representative of a member | - | | |