(City/State/Zip/Phone #) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Document Number) (Document Number) (Entified Copies Certificates of Status Special Instructions to Filing Officer:	-					
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Certificates of Status		(Re	questor's	Name)		
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Certificates of Status						
(City/State/Zip/Phone #) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Document Number) (Document Number) (Entified Copies Certificates of Status Special Instructions to Filing Officer:	.d	(Adı	dress)			
(City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer:						
(Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only		(Ad	dress)			
(Business Entity Name) (Business Entity Name) (Document Number) Certificates of Status Sep HORNE 2024 Office Use Only	. '					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only		(Cit	y/State/Zi	p/Phone	#)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only						
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Status Office Use Only	PICI	(-UP	☐ w	AIT		MAIL
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: SEP HORNE COffice Use Only						
Certified Copies Certificates of Status Special Instructions to Filing Officer: SEP		(Bu	siness En	tity Nam	ie)	
Certified Copies Certificates of Status Special Instructions to Filing Officer: SEP						
Sep HORNE SEP HORNE Office Use Only		(Do	cument N	umber)		
Sep HORNE Consider the Control of t						
SEP HORNE Office Use Only	 Certified Copies		_ Cer	tificates	of State	JS
SEP HORNE Office Use Only						
SEP HORNE Office Use Only	Circuial Instruc	tions to	Citing Offi	cor:		
Office Use Only	Special instruc	dons to				
Office Use Only	NEEDER 1			J,		
Office Use Only	:			رب رب	OPM.	
Office Use Only	• • • • •		•	10 P	, , ve	•
Office Use Only	* ·- ·			`	1024	
	•					
					· - -	
 T.: L.:	-		Office	Use Onl	lv	
	 L		21,00		,	
	ľ,					
i i.i.e	<u>t</u> .					
	l.= lef					

ા કોંગ્ર



300435584413

FILED 2021 SEP 11 AM 9: 24

2024 SEP 11 PM 1:55

STANTO

TALL ANASSECTIONS

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: D5 IMPLANT ENTERPRISES, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB CUVER LETTER

	gistration Se dision of Cor				
SURTECT:		NT ENTERPRISES, LLC			
Sobstic 1.		Name of Lim	ited Liability Company		
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Brian Ware			
			Name of Person		
	D5 IMPLANT ENTERPRISES, LLC				
			Firm/Company		
		3636 Cardinal Point Drive			
			Address	.	
	Jacksonville, FL 32257				
			City/State and Zip Code		
		brianleeware@gmail.com			
		E-mail address: (to be used for future annual repo	rt notification)	
For further i	nformation co	oncerning this matter, please co	all:		
Adrian Rust, Esq.		904 232-72	02		
	Name of	f Person	Area Code [Paytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00)	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
<u>Ma</u>	iling Addres	<u>s:</u>	<u>Street Addre</u>	<u>'88:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2074 SEP 11 AM 0: 01

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation of the principal offices address, if applicable:	2020 and assigned	
The Articles of Organization for this Limited Liability Company were filed on	2020 and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation of the new principal offices address, if applicable:		
Florida document number 1.20000301465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable:	ation "LLC" or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation of t	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	ation "LLC" or the abbreviation "L.L.C."	
• • • • • • • • • • • • • • • • • • • •		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ds, enter the name of the new reg	
Name of New Registered Agent: Adrian Rust, Esq.		
New Registered Office Address: c/o Burr & Forman, LLP, 50 N. Laura		
Enter Florida st		
Jacksonville	, Florida 32202 Zip Code	
City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		

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 ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB it amending 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
			□Add
			Remove
		 	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Channe

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	<u>. </u>
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note:	the date, if other than the date of filing:
f the record coord is file	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.
	9/10/2024
	Brian war
	Signature of a member or authorized representative of a member
	Brian Ware, MGR
	Typed or printed name of signee

Filing Fee: \$25.00

Docusion Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB COVER LETTER

		ation Sect 1 of Corpo						
eun ura		IMPLAN	T ENTERPRISES, LLC					
SUBJEC	.1:	•	Name of L	.imited Li	ability Company			
	•							
The enclo	osed Art	icles of A	mendment and fee(s) are s	submitted	for filing.			
Please ret	turn all o	correspond	lence concerning this matt	ter to the	following:			
			Brian Ware					
	Name of Person							
			D5 IMPLANT ENTERI	PRISES.	LLC			
					Firm/Company			
			3636 Cardinal Point Dri	ive				
					Address			
Jacksonville, FL 32257								
City/State and Zip Code								
brianleeware@gmail.com E-mail address: (to be used for future annual report notification)								
For furthe	er infori	nation cor	neerning this matter, please		sect for future annu.	аг героп поппсан	OH	
Adrian R	tust, Esc				904 2 _at () _	232-7202		
		Name of I	Person		at () Area Code	Daytime Tel	epho	one Number
Enclosed	is a che	ck for the	following amount:					
■ \$25.0	00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Fee Certified Copy (additional copy is e			S60.00 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