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February 26, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

PRENDIVILLE D.D.S PLLC 1407 PLANTATION CIRCLE, #305 PLANT, FL 33566US

SUBJECT: PRENDIVILLE D.D.S PLLC

REF: L20000350468

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker FAX Aud. #: H21000078294 Regulatory Specialist III Letter Number: 621A00004304 TO:

Page: 3 of 7

Registration Section

COVER LETTER

Division of Co	rporations	
PRENDIV SUBJECT:	VILLE D.D.S PLI.C	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Cheyenne Moscley	
	Name of Person	
	Legalzoom.com, Inc.	
	Finn/Company	
	101 N Brand Blvd 11th Ft	
	Address	
	Glendale, CA 91203	
	City/State and Zip Code	
	maryteresa.prendiville $^i ar{g}_i$ gmail.com	
	E-mail address: (to be used for future unnual report notification)	
For further information of	concerning this matter, please call:	
Cheyenne Moseley	800 773-0888 at ()	
Name o	of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	intus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Svlvia Paull

Page: 4 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRENDIVILLE D.D.S PLLC			
(Name of the Limited Limitity Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000350468</u>	were filed on 11/04/2020	and assigned	
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liab	oility company here:		
Prendiville D.D.S. PLLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1495 East Main St, Bartow, FL 33830		
(Principal office address MUST BE A STREET ADDRESS)		~ ~	
		AR -	
Enter new mailing address, if applicable:	1495 East Main St, Bartow, FL 33830	-8	
(Mailing address MAY BE A POST OFFICE BOX)			
		ST CI	
		∞	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the new	
New Registered Office Address:	Fater Florida street address		
	Florida		
	City	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Manager

* Page: 5 of 7

If amending Authorized Person(s) authorized to manage, enter	the title, name, and address of each person being add	લ
or removed from our records:		

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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To: 18506176380

ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note:	tive date, if other than the date of filing:
he re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated) an u un 3 , 202
	Mary Teresa Prendiville Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00