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(Requestor	s Name)
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2022 OCT 11 PN 3: 15 SECRETARY OF STAT

COVER LETTER

TO: Registration Section Division of Corporat	ions
SUBJECT: BRAU	SA DENTAL SMILES DUNDEE LLC Name of Limited Liability Company
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
	SORPYD MEIRD Name of Person Bella Florida Consulting LLC Firm Company
	950 Lukohurs J- Dr Ste 242 Address Orland Fl 32819 City/State and Zip Code
For further information concern	E-mail address: (to be used for future annual report notification) ARE ARE ARE ARE ARE ARE ARE ARE
Name of Person Enclosed is a check for the following the content of the content	Atea Code Daytime Telephone Number 2 3
	\$30.00 Filing Fee &
Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRAUSA DENTAL	. SMILES DU	NOEE LLC	•			
DRAUM DENTAL (Name of the Limited Lia (A Flo	<u>ibility Company as it now appears o</u> orida Limited Liability Company)	<u>n our records.</u>)				
The Articles of Organization for this Limited Liabilit	y Company were filed onO_	-25-2021 and a	issigned			
Florida document number L 21000051817	·					
This amendment is submitted to amend the following	ş:					
A. If amending name, enter the new name of the l	limited liability company here	:				
The new name must be distinguishable and contain the words "	Limited Lighility Company "the decident	unation "LLC" or the abbraviation	<u> </u>			
The new many containing words	isitined thubinty company, the design		12.12.0.			
Enter new principal offices address, if applicable:		2022 SEC				
(Principal office address MUST BE A STREET AD	DRESS)					
			(<u>* * * * *</u>			
		- S 2 −	पन्देस्य इ			
Enter new mailing address, if applicable:		დლ დ ლო დ	2 6 g			
	_					
(Mailing address MAY BE A POST OFFICE BOX)			·			
B. If amending the registered agent and/or registered agent and/or the new registered office address her		rds, <u>enter the name of the n</u>	<u>ew registered</u>			
Name of New Registered Agent:						
New Registered Office Address:						
The wine granted of the Fridakess.	Enter Florida	Enter Florida street address				
		Florida				
	City	Zip Cod	'e			
New Registered Agent's Signature, if changing Register	ered Agent:					
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my d agent as provided for in Cha ered office address, I hereby o	duties, and I am familiar wipter 605, F.S. Or, if this do	vith and cument is			
	If Changing Registered Agent.	Signature of New Registered Ag	ent			

If amendi or remove	ing Authorized Pe ed from our recor	rson(s) authorized to man ds:	age, enter the title, name, and address of each p	erson being added
MGR = AMBR =	Manager Authorized Mem	ther		
<u>Title</u>	<u>Name</u>			Type of Action
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