L21000115790

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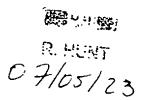
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TO:

Registration Section Division of Corporations

PROENZA	SOCIAL SERVICES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
·	Diana Proenza Rodriguez	C	
		Name of Person	
	PROENZA SOCIAL SER	VICES,LLC	?¤??.
	-	Firm/Company	
	6611 CASTANEDA ST		Ji
	CORAL GABLES, FL. 33	Address	PH 7: 36
	DIAPRO9394@YAHOO.C	City/State and Zip Code OM	——— ті о
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Diana Proenza Rodrigue	z	786-630-107	
Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROENZA SOCIAL SERVICES, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000115790}{1.21000115790}$	were filed on	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:	
PROENZA DENTAL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~>
(Principal office address MUST BE A STREET ADDRESS)		3
		in the second
Enter new mailing address, if applicable:		Som to the
<u></u>		M.C. The stand
(Mailing address MAY BE A POST OFFICE BOX)		TA W
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	TON .
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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an effective date is listed, the	t han the date of filing: e date must be specific and c in this block does not me	annot be prior to date	of filing or more than 90	days after filing.) Pursuant	to 605.020
	on the Department of Sta		ntitory titing require	ments, this date	will not t	e nsteu a
ecord specifies a delayed is filed.	d effective date,-but not a	n effective time, at	12:01 a.m. on the ear	lier of: (b) Th	e 90th day	after the
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June, 28th		1	2023						
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