To: +18500175983

L Page) 2 of 8/ 0 000 - 2108 12 38 GH 2 900 764 180 18 2 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096

Phone : (407)745-1112

Fax Number : (407)641-8083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SILVIA@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRAUSA DENTAL SMILES ORLANDO LLC

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2021-09-27 18:12:38 GMT 14076418083 From: EXPAT CONSULTING To: <18506176383 Page: 5 of 8

COVER LETTER

TO: Registration Se Division of Cor			
BRAUSA I	DENTAL SMILES ORLANDO	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NILTON FREGNE		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	EXPAT CONSULTING C	ORP	
		Firm/Company	
	8615 COMMODITY CIR.	ST 11	
		Address	
	ORLANDO - FL - 32819		
		City/State and Zip Code	
	SILVIA@EXPATCONSUL	TING.COM to be used for future annual report:	notitiontion)
For further information (concerning this matter, please co		institication)
	concerning one manage program		
	of Person		
		·	,
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddres		StreetAddress	
NILTON FREGNI Name of the second sec	he following amount: S30.00 Filing Fee & Certificate of Status Section	at () Area Code Day S55.00 Filing Fee & Certified Copy (additional copy is enclosed) StreetAddress Registration	Time Felephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

P.O. Box 6327 Tallahassee, Fl. 32314

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

Page: 6 of 8

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAUSA DENTAL SMILES ORLANDO LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 03/18/2021	and assigned
Florida document number L21000129125		
This amendment is submitted to amend the following:		1978 2021
A. If amending name, enter the new name of the limited liabili	ty company here:	FIL PRESENTAR 1921 SEP 27
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		——— <u>Ģ—≦⋇</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	nZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

To: +18506176383

Page: 7 of 8

2021-09-27 18:12:38 GMT

14076418083

From, EXPAT CONSULTING

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRAUSA DENTAL SMILES LLC		☐ Add
			■Remove
			□ Change
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			□Change
 			🗀 Add
			□Remove
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			□Add
			Remove
			Change

2021-09-27 18:12:38 GMT

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	AH 10:
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tive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to dat. If the date inserted in this block does not meet the applicable shent's effective date on the Department of State's records.	te of filing or more than 90 days after filing.) Pursuant to be
cord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m. on the ear
9/27/2021	
Colora Livia Parlecca Sadas	representative of a member
A A MANUS LANG. I LANGUACIOS ROZZONI	