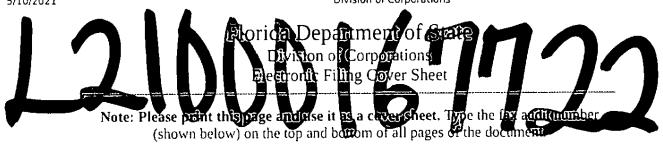
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email /	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DENTAL RCM SOLUTIONS LLC

Certificate of Status	0
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MAY 11 2021

M. SOLOMON

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## ARTICLES OF AMENDMENT .TO ARTICLES OF ORGANIZATION ` OF

DENTAL RCM SOLUTIONS LLC	<u> </u>	<u></u>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000167722	were filed on 04/12/2021	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
•	,,,	282
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:	PO Box 970682	PH - 100 Y
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	Coconut Creek FL 33097	<u> </u>
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her	ffice address on our records, ente	er the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	2	
	, Florida	Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member Type of Action Address Title | Name | \_D Add Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Effective date, if other that (If an effective date is listed, the date: If the date inserted in document's effective date or	in the date of are must be specif this block does	filing: ic and cannot be p not meet the ap	plicable statutory	g or more than 90 day	(optional) s after filing.) Pursuant s, this date will not	10 605.0207
the record specifies a de ) The 90th day after th	elayed effecti e record is fi	ve date, but led.	not an effect	ive time, at 12	:01 a.m. on the	earlier of:
<sub>Dated</sub> 05/10			1			
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<del>- 1</del>	Signature	of a member or a	inthorized represer	itative of a member		

Page 3 of 3

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