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8/13/21 CAA-



COVER LETTER

TO:	Registration Se Division of Cor						
	Staffion De	ental , PLLC					
SUBJECT:							
		Name of Lift	nited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Ziad Al Adham					
	Name of Person						
		Stallion Dental PLLC					
			Firm/Company				
12701 Saddle Club Cir. Apt 203							
			Address				
		Tampa/Florida 33635					
		ziad.adham@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For furt	her information co	oncerning this matter, please ca	all:				
Ziad Al	Adham		347 3074318				
	 _	···	at ()				
	Name of	Person	Area Code Daytime Telephone Number				
Enclose	d is a check for th	e following amount:					
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Station Dental , PLLC		<u> </u>
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records. ited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp *lorida document number	pany were filed on June 15, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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>	<u>Address</u>	Type of Action
MGR	HIBA ALQASEMI DDS	12701 SADDLE CLUB CIR, APT 203	
		TAMPA, FL 33635	
			Remove
			□Change
			□Add
			
			□Remove
			□Change
.			□ Add
			□Remove
			Gremove
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			Sixemove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 08/09/2021 Dated Signature of a member or authorized representative of a member Ziad Al Adham

Typed or printed name of signee