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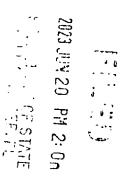
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Y. SCOTT AUG - 5 2023

## **COVER LETTER**

TO: Registration Section

Division of Corp	porations	•		
SUBJECT: Remo	ote Dental - Name of Lim	Medical Servited Liability Company	vices, LLC	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspoi	idence concerning this matter	to the following:		
	Rosetto	a Dellatte Name of Person	2023 JUN 20 5 (C) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Firm/Company	`. <del>.</del>	
		Ivitas Pla	mi 🔿	
	Casselber	City/State and Zip Code Dellatte a	707	
	Rosetta.	Dellatte a (	<u>Imail</u> .com	
For further information ec	oncerning this matter, please ea	all:		
Rosetta	Dellatte	at (917) 460 Area Code Daytin	2 - 2917 ne Telephone Number	
Enclosed is a check for th	e following amount:			
X \$25.00 Filing Fee	□ \$30.00 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 Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co	rporations	
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Remote Dental a Medical Services, LLC

(Name of the Limited Liability Company)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 6/15/2021 and assigned Florida document number 21000 278942
This amendment is submitted to amend the following:
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Rosetta Notary Services LLC 33 1
Rosetta Notary Services, LLC 38 17  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation [12]4C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Casselberry, fl 32707  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:
Enter Florida street address
, Florida
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
<u> </u>			ÜAdd
			□Remove
			□Change
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Typed or printed name of signee

Rosetta Dellatte