From: M. BURR KEIM CO

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.

(((H22000312392 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

To:

From:

57

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email Address: James@RMontgomery-Law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN > TAMPA DENTAL PROS, LLC

Certificate of Status	0
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Page Count	03
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T. LEMIEUX

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

(Name of the Limited Liability Con		
(A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TAMPA DENTAL PROS, PLLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	e address on our records, enter the name	. F.A.L
ngent and/or the new registered office address here:	W	. ~
Name of New Registered Agent:	₩	. 22
agent and/or the new registered office address here:	Enter Florida street address	. ~
Name of New Registered Agent:	Enter Florida street address , Florida City	2822 SEP - 9 date 0
	Enter Florida street address , Florida City	2822 SEP - 9

If Changing Registered Agent, Signature of New Registered Agent

From: M. BURR KEIM CO

n: M. BURR KEIM CO Fax: 12159779386 To: (\(\) Fax: (850) 617-6383 Page: 3 of 4 09/09/2022 2:44 PM

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
MGR	SAUSHA TOGHRANEGAR	5420 Webb Road	□Add
		Suite A2	_
		Tampa, FL 33615-3255	_
MGR ANDREW M.	ANDREW M. VALLO	5420 Webb Road	
<u> </u>		Suite A2	
		Tampa, FL 33615-3255	≡ Change
	-		
			Remove
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

To:

(((H22000312392 3)))

	panies Act by amending the entity's na-	me from TAMPA DENTAL PROS, LLC to
TAMPA DENTAL PROS,	PLLC. The purpose of this professiona	al limited liability company is to provide
dentistry services.		
	 	
		
		
te: If the date inserted in this l	nust be specific and cannot be prior to date of	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as
	ive date, but not an effective time, at 17	2:01 a.m. on the earlier of: (b) The 90th day after the
cord specifies a delayed effect s filed.		
s filed.	2022	
s filed. September 7	nett Signature of a member or authorized rep	