## 121000379993

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## **COVER LETTER**

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		S DENT RESTOERS, LLC.		<b>A</b> ,			
UBJECT	Γ:	Name of Lim	ited Liability Company				
		Amendment and fec(s) are sub					
lease retu	irn all correspo	ndence concerning this matter	to the following:				
		Mitchell Stovring					
			Name of Person				
		Southwest Professional Ser	rvices of So. FL, Inc.				
Firm/Company							
		7595 S. Tamiami Tr. Ste 2	21				
			Address				
			City/State and Zip Code				
		swpmitch@gmail.com E-mail address: (	to be used for future annual report no	tification)			
or further	information c	oncerning this matter, please co	all:				
Mitchell S	tovring		239 481-4444 at ( )				
	Name o	f Person		me Telephone Number			
Enclosed is	s a check for th	ne following amount:					
<b>≣ \$</b> 25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			
	Tailing Addres		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
	2.O. Box 632	~	The Centre of	-			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTLESS DENT RESTOERS, LLC.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on August 24, 2021	and assigned
Florida document number L21000379993	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
PAINTLESS DENT RESTORERS, LLC.	
he new name must be distinguishable and contain the words "Limited 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)	
Frincipul Office unuress MOST DE ASTREET ADDRESS	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	·
	_
3. If amending the registered agent and/or registered office address on our records, enter the na	me of the new regist
gent and/or the new registered office address here:	* / T
Name of New Degistered Agent:	0
Name of New Registered Agent:	
New Registered Office Address:	- 12
Enter Florida street address	<del>- မွှဲ့</del>
. Florida	· 0
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>	Name	Address	Type of Action
			Remove
			☐ Change
			Remove
			Change
			🗀 Add
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record specifies a	i delayed effective	: date, but no	t an effective	time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day aft	ter the
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