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| Special Instructions to Filing Officer: |
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#### **COVER LETTER**

| TO:  | Registration Se<br>Division of Cor |   |  |                               |  |
|--|------------------------------------|---|--|-------------------------------|--|
| empre.                                     |                                    | PRATORIES LLC   |  |                               |  |
| SUBJEC                                     | -1:                                | Name of Lim   | ited Liability Company                                     |                               |  |
| The encl                                   | osed Articles of                   | Amendment and fee(s) are sub  | mitted for filing.   |                               |  |
| Please re                                  | eturn all correspo                 | ndence concerning this matter                                       | to the following:  |                               |  |
|  |                                    | Vladimir Roman  |  |                               |  |
|  |                                    |   | Name of Person   | ·                             |  |
|  |                                    | DDS LABORATORIES L  | LC   |                               | •> •   |
| Firm/Company                               |                                    |   |  | SECRE<br>DIVISION<br>2023 OC1 |  |
| 64 DERBY DOWNS CIRCLE                      |                                    |   |  |                               |  |
|  |                                    |   | Address  |                               | 2 00 m   |
| NICEVILLE, FL 32578                        |                                    |   |  | PH 3:                         |  |
|  |                                    |   | City/State and Zip Code                                    |                               | : 15<br>1364<br>1464<br>1464<br>1464<br>1464<br>1464<br>1464<br>1464 |
|  |                                    | digitaldentalsolutionsohio@   | -  |                               |  |
| For furth                                  | er information c                   | E-mail address: (<br>oncerning this matter, please c                | to be used for future annual report not all:               | ification)                    |  |
|  | r Roman                            |   | 850 333-2196   |                               |  |
|  | Name of                            | f Person  | Area Code Daytin   | ne Telephone Number           |  |
| Enclosed                                   | l is a check for th                | ne following amount:  |  |                               |  |
| \$30.00 Filing Fee & Certificate of Status |                                    | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Certificate of Certified Co (additional cop | of Status &                   |  |
|  | Mailing Addres Registration S      |   | Street Address:<br>Registration Se                         | ection                        |  |
| Division of Corporations                   |                                    |   | Division of Co.  | rporations                    |  |
|  | P.O. Box 632                       |   | The Centre of  |                               |  |
|  | Tallahassee, I                     | TL 32314  | 2415 N. Monro  | oe Street, Suite 810          | Į.   |

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DDS LABORATORIES LLC  |   |  |                                      |
|---|---|--|--------------------------------------|
| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited | any as it now appears on our recor<br>Liability Company) | <u>ds.</u> )                         |
| The Articles of Organization for this Limited L   | iability Company                          | were filed on 12/21/2021                                 | and assigned                         |
| Florida document number L21000534526  | ·   |  |                                      |
| This amendment is submitted to amend the foll   | owing:                                    |  |                                      |
| A. If amending name, enter the new name o   | f the limited liab                        | oility company here:                                     |                                      |
| ROMANAX LLC   |   |  |                                      |
| The new name must be distinguishable and contain the v  | vords "Limited Liabi                      | lity Company," the designation "LLC                      | C" or the abbreviation "L.L.C."      |
| Enter new principal offices address, if applic  | able:                                     | 1094 East John Sims Pkwy                                 |                                      |
| Principal office address MUST BE A STREE  | ET ADDRESS)                               | Niceville, FL, 32578                                     | ,                                    |
|   |   |  | 51V<br>202                           |
| Enter new mailing address, if applicable:   |   | 1512 East John Sims Pkwy                                 | SECRETA<br>DIVISION OF<br>2023 OCT - |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                         |   | PMB 355  | RY CON                               |
|   | <del></del>                               | Niceville, FL, 32578                                     | THE PORTS                            |
| B. If amending the registered agent and/or in a second second agent and/or the new registered office address. | registered office :<br>ss here:           | address on our records, <u>ente</u>                      | the name of the new registered       |
| Name of New Registered Agent:   | Vladimir Roma                             | an   |                                      |
| New Registered Office Address:  | 1512 East John                            | Sims Pkwy PMB 355  |                                      |
|   |   | Enter Florida street addre                               | 355                                  |
|   | Niceville                                 | , F  | lorida 32578                         |
|   |   | 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, 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          | Roman, Vladimir, I. | 1512 East John Sims Pkwy PMB 355 | □ Add                             |
|              |                     | Niceville, FL. 32578             | □Remove                           |
|              |                     |                                  | <b>■</b> Change                   |
| MGR          | Roman, Sadie S.     | 1512 East John Sims Pkwy PMB 355 | □Add                              |
|              |                     | Niceville, FL, 32578             | □Remove                           |
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| ective date, if other than the d  | ate of filing:        |                    |                    | (optional)     |  |
| neffective date is listed, the date must be tel.  If the date inserted in this bloom. | k does not meet the   | applicable statuto |                    |                |  |
| cument's effective date on the Dep  | eartment of State's r | ecords.            |                    |                |  |
| record specifies a delayed  | effective date i      | out not an effec   | tive time at 12    | ·01 a.m. on ti | he earlier   |
| he 90th day after the reco  |                       | out not an enec    | torre corre, de le | .01 0          | ne come  |
| 17 Sentember  | 2023                  | :                  |                    |                |  |
| 17 September  |                       | 18:11              | 7                  |                |  |
|   | (37)                  |                    |                    |                |  |
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