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zenbusiness

Apr 26, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: ES Endodontics LLC

To Whom It May Concern:

Attached please find the executed <u>ARTICLES OF AMENDMENT</u> for the above referenced. Please review and file the attached document on a routine basis. Please note that this document is signed with a conformed signature.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Jenny Countz 5511 Parkerest Dr., Suite 103 Austin TX 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Jenny Countz ZenBusiness Customer Success

COVER LETTER

| TO; | | | | | |
|---|-------------------------------|-------------------------------|---------------------------------------|---|--|
| SHRIF | | | | | |
| | | Name of Lim | ited Liability Company | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | Jenny Countz | | | |
| | | | Name of Person | _ | |
| | | Zenišusiness Inc. | | | |
| Division of Corporations ES Endodonties LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jenny Countz Name of Person ZenBusiness inc. Firm/Company 5511 Parkerest Drive, Suite 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notifice) For further information concerning this matter, please call: Jenny Countz 844 493-6249 | | | | | |
| 5514 Parkerest Drive, Suite 103 | | | | | |
| | | | Address | | |
| | | Austin, TX 78731 | | | |
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| | | | | ation) | |
| For furth | ner information co | | • | | |
| Jenny C | ountz | | | | |
| | Name o | f Person | | Felephone Number | |
| Enclosed | d is a check for th | ne following amount: | | | |
| \$ \$25. | .00 Filing Fee | | Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Addres Registration S | | Street Address: Registration Secti | ion | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ES Endodonties LLC

2022 MAY 10 AM 5: 41

| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | Liability Company) | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
|---|-----------------------------|---|--------------------|
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000018467 | were filed on 01/07/20 | 22 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here; | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designat | ion "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10793 Savannah Land | ling Cir | |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32832 | | |
| Enter new mailing address, if applicable: | 10793 Savannah Land | ling Cir | |
| (Mailing address MAY BE A POST OFFICE BOX) | Orlando, F1, 32832 | | |
| B. If amending the registered agent and/or registered office | address on our record | s, enter the name | of the new regis |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent: | | | |
| | Enter Florida stro | ver address | |
| Name of New Registered Agent: | Enter Florida stra | ver address , Florida | |

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 |
|--------------|--------------|---------------------------------------|----------------|
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| . Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the lister. | ot be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be liste | 0207 (3)(ed as the |
| the record specifies a delayed effecti cord is filed. | e date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after | the |
| Dated April 26 | 2022 | |
| /s/ Eric Serrano | | |
| | Signature of a member or authorized representative of a member | |
| Eric Serrano | | |
| | Typed or printed name of signee | |