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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: _ Eye]	entist IIC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
•	
	Elizabeth Richter
	Firm/Company
	170 Shadow Bay Way
	Address J
(USDIEU, FL 34229
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning the	is matter, please call:
Elizabeth Rich	14C -201 204 8/278
Name of Person	at (
	ind odd by and relegione (Manoa
Enclosed is a check for the following:	amount:
\$25,00 Filing Fee	Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.
Certif	Ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporation	Division of Corporations The Centre of Tallahassee
PII BOVA(//	I DO C AMERO AT LAUGHAGAGA

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natiol 11

Eue Dentist	T LLC		
(Name of the Limited Liability (A Florida I.	Company as it now as	opears on our records.)	
			14/10
The Articles of Organization for this Limited Liability Con	mpany were filed or	1 3 2 2022	and assigned
Florida document number <u>L2200010790</u>	0	, ,	-
This amendment is submitted to amend the following:			
This allendment is submitted to allend the following.			
A. If amending name, enter the new name of the limite	ed liability compan	y here:	
The new name must be distinguishable and contain the words "Limite	xl Liability 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 ADDRE	 ESS)		
· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(muning data ex MAT BE ATOST OFFICE BOA)			
B. If amending the registered agent and/or registered of	office address on o	ur records, enter the name	of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter	Florida street address	
		, Florida	
	City	, I lorida	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
l hereby accept the appointment as registered agent an	ul agree to act in t	his capacity. I further agre	e to comply with th
provisions of all statutes relative to the proper and con	nplete performance	e of my duties, and I am fai	miliar with and
accept the obligations of my position as registered age	nt as provided for	in Chapter 605, F.S. Or, if	f 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	Michael K Meese	770 Shadow Bay Wa	L □ Add
		770 Shadow Bay Wa Osprey, FL 34229	ERemove
			□Change
MGR	ElizabethRichter	770 Shadow Bay Way	_ SAdd
		770 Shadow Bay Way Osprey, FL 34229	□Remove
			□Change
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			□Remove
			Change
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