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(Business Entity Name)	
(Document Number)	02/27/230105001
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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Premier Orthodonic and	Pediatriatric Dentistry LLC
Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	milled for filing.
Please return all correspondence concerning this matter	to the following.
<u>Erin</u> A	Name of Person
Premier Orthodo	ntic and Pediatric Dentistry LCC Firm/Company
11879 Windm	Address
Buynton Beach	City/State and Zip Code
erin and tong	to be used for future annual report notification)
For further information concerning this matter, please c	all:
Erin Apicella	at (954) 132-6708 Area Code Daytime Telephone Number
Name of Person	Area Code Dayonic Telephone Planoca
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 6 15 2022 and assigned Florida document number 222 000272390.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Premex Orthodoxic and Pediatric Dent Stry LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered affice address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida

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
			□Add
			□Remove
			Change
		□Add	
		□Remove	
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(If an eff Note:	ive date, if other than the date of filing: [Cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Signature of a member or authorized representative of a member

Typed or printed name of signee