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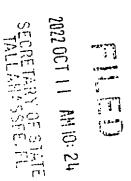
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor					·	
	paeth, DMD, LLC					
SUBJECT:	Name of Lim	ited Liability Compar	ıy			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
	Melissa Spaeth					
	Malinea Consth. DMD. I	Name of Perso	រព		SECRETARY OF STATE TALL AHASSEE, FI	3033 O
	Melissa Spaeth, DMD, L	Firm/Compan	у	 		- ;
	4515 main st apt 3062				ARY OF	- >-
	•	Address		-		5 3
	Jupiter, FL 33458					2
	mts.dmd22@gmail.com	City/State and Zip				
For further information of	E-mail address: (oncerning this matter, please or	to be used for future a	nnual report notific	cation)		
Melissa Spaeth	wheeling this mater, pres is es	561	4278336			
	f Person	at (Area Code	Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	Certified	c of Status &	
Mailing Addres Registration S	Section	Re	eet Address: gistration Sect			
Division of C P.O. Box 632			vision of Corp e Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melissa Spaeth, DMD, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	filed on July 11, 2022	_ and assigned
Florida document number L22000306437		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	ن. بال	2022
Enter new mailing address, if applicable:	<u>~~~</u>	2
(Mailing address MAY BE A POST OFFICE BOX)		
	い (2) (2) (3) (7)	H
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name o	f the new registere
agent and/or the new registered office address here:	<u> </u>	≥ 2
	ι,	· ·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida ³³⁴⁵⁸	3
	City	Zin 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>	<u>Name</u>	Address	Type of Action
AMBR	Melissa Spaeth	4515 main st apt 3062	@ Add
		Jupiter, FL 33458	□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			SECRED Remove
			Change Ch
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	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
d is filed.	d is filed.
September 28th 2022	September 28th 2022
	Signature of a member or authorized representative of a member