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## **COVER LETTER**

| Division of Corpo            |  |   |   |
|------------------------------|--|---|---|
| ADAK-2-Ent SUBJECT:          | erprises, LLC                                |   |   |
|                              | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of A   | mendment and fee(s) are sub                  | mitted for filing.  |   |
| Please return all correspond | dence concerning this matter                 | to the following:   |   |
|                              | Matthew D. Mitchell                          |   |   |
|                              |  | Name of Person  |   |
|                              | Friday, Eldredge & Clark,                    | LLP   |   |
|                              |  | Firm/Company  | <u>-</u>  |
|                              | 3350 S. Pinnacle Hills Pkv                   | vy., Suite 301  |   |
|                              |  | Address   |   |
|                              | Rogers, Arkansas 72758                       |   |   |
|                              | City/State and Zip Code                      |   |   |
|                              | andrewkelsodmd@gmail.co                      |   |   |
|                              | E-mail address: (                            | to be used for future annual report                                 | notification)   |
| For further information cor  | ncerning this matter, please co              | all:  |   |
| Matthew D. Mitchell          |  | 479 695-6053  |   |
| Name of I                    | Person                                       | at ()<br>Area Code Day  | time Telephone Number   |
| Enclosed is a check for the  | following amount:                            |   |   |
| ■ \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address              |  | Straat Addrase  |   |

Mailing Address:

TO:

Registration Section

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

| ADAK-2 Enterprises, LLC   |   |                              |
|---|---|------------------------------|
| (Name of the Limited Liability C<br>(A Florida Lin  | ompany as it now appears on our records.)<br>nited Liability Company) |                              |
| The Articles of Organization for this Limited Liability Com Florida document number L22000345324              | pany were filed on August 5, 2022                                     | and assigned                 |
| This amendment is submitted to amend the following:   |   |                              |
| A. If amending name, enter the new name of the limited  | l liability company here:   |                              |
| ADAK-2 Enterprises, PLLC  |   |                              |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the designation "LLC" of                          | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                              |
| (Principal office address MUST BE A STREET ADDRES   | <u></u>   |                              |
|   |   | 023                          |
|   |   |                              |
| Enter new mailing address, if applicable:   |   | <u> </u>                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                              |
|   |   |                              |
|   |   |                              |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>enter th</u>                         | ne name of the new register  |
| Name of New Registered Agent:   |   |                              |
| New Registered Office Address:  |   | <u>.</u>                     |
| · · · · · · · · · · · · · · · · · · ·   | Enter Florida street address  | _                            |
|   | Flor  |                              |
|   | 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 |

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|---------|----------------|
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| d              | entistry and orthodontics and any ancillary business allowed by the professional limited liability company.   |
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| Mont           | ive data if other than the data of Gling.   |
| fan efi        | ive date, if other than the date of filing: (optional)  Getive 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 ( |
| Note:<br>docum | If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as them's effective date on the Department of State's records.               |
|                |   |
|                | d 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  |
| d is fi        | ed.   |
| Dated          | December 14 2023  |
| Juiça          |   |
|                |   |