Page: 1 of 4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.

Email Address: James@RMontgomery-Law.com

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a street address
, Florida Zip Code
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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

	:				
rom: M. BURR KEIM CO	Fåx: 12159779386	To:	Fax: (850) 617-6383	Page: 3 of 4	09/09/2022 2:42 PM

n: M. BURH KEIM CO Fax: 12159779386 To: Fax: (850) 617-6383 Page: 3 of 4 09/09/2022 2:42 PM (\(\(\(\)\)\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | \(\) | or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
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			Change
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Corporations and Limited Li	iability Companies Act by amending the entity's name from
Vallo Riverview, LLC to Va	allo Riverview, PLLC. The purpose of this professional limited fiability company is to provide
dentistry services.	
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ective date, if other than the effective date is listed, the date mu e: If the date inserted in this burnent's effective date on the E	ast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 block does not meet the applicable statutory filing requirements, this date will not be liste
cord specifies a delayed effective filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
September 7	2022
Oaks 3	Signature of a member or authorized representative of a member
James vurn	ille