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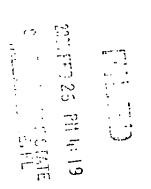




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COVER LETTER

TO:		istration Sec sion of Corp				
CUDIC		SCARFONE	SMILES DENTAL SPA LL	С		
SUBJEC	UI:		Name of Lim	ited Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			PAUL V CLOUGH			
				Name of Person		
	THE TAX MAESTRO INC Firm/Company 1751 US HIGHWAY 27 S					
	Address					
			SEBRING, FL 33870			
_			PAULV@TAXMAESTRO	City/State and Zip Code		
For furth	ner in	formation co	ncerning this matter, please ca	to be used for future annual reportable:	,	.s 73
PAUL V	/ CLO	OUGH		863 6584357	7	
		Name of	Person	at () Area Code Da	aytime Telephone Number	
Enclosed	l is a-	check for the	e following amount:			129 F
■ \$25.	.00 Fi 	iling Fce	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified :	ing Fee. 2

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

SCARFONE SMILES DENTAL SPA LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on <u>02/06/2023</u>	and assigned
Florida document number L23000066551	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SCARFONE SMILES DENTAL GROUP LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DECC	· · ·
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· ·
		#4.7
		1 23
B. If amending the registered agent and/or registered	ed office address on our records, enter the n	ame of the new registere
agent and/or the new registered office address here:		3
		ψ, ·
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		2
	Enter Florida street address	77
	, Florida	
	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 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
			□Add
			□Remove
			Change
		.	□Remove
			Change
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Effective date, if other than the date of filing:	/	(14) 斯 (14) 斯
fan effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	(optional) more than 90 days after filing ing requirements, this date) Pursuant to 605.020
	n. on the earlier of: (b) Th	e 90th day after the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. d is filed. Dated $\frac{02/22}{2000000000000000000000000000000000$		ie 90th day after the
02/22 2021		e 90th day after the

Filing Fee: \$25.00