

L 230003675393

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Phone : (813)280-1256  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: maryawadallah@gmail.com

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OCT 24 2023 11:50:00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

10/24/2023

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARY ROSE D.D.S., P.L.L.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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S. 10

OCT 25 2023



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mary Rose D.D.S., P.L.L.C.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/31/2023 and assigned Florida document number L23000149395

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

302 North Howard Ave

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

302 North Howard Ave

Tampa, FL 33606

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 office address here:

Name of New Registered Agent: Mary Awadallah

New Registered Office Address: 302 North Howard Ave

Enter Florida street address

Tampa Florida 33606

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.

Mary Awadallah (Handwritten Signature)

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:

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MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|----------------|------------------|--|
| AMBR         | Mary Awadallah | 302 N Howard Ave | <input type="checkbox"/> Add               |
|              |                | Tampa, FL 33606  | <input type="checkbox"/> Remove            |
|              |                |                  | <input checked="" type="checkbox"/> Change |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Change            |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Change            |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Change            |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Change            |

