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	Division of Corporations
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From:	
	Account Name : LIESER SKAFF ALEXANDER, PLLC
	Account Number : I20150000057
	Phone : (813)280-1256
	Fax Number : (813)251-8715
	, ,
	the email address for this business entity to be used for futur
ann	ual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J MITCHELL DENTAL, D.M.D., P.L.L.C.

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TO: Registration S Division of Co			
J MITCHE SUBJECT:	ELL DENTAL, D.M.D., P.L.L.	C.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	GHADA SKAFF		
		Name of Person	
	LIESER SKAFF ALEXA	NDER	
		Firm/Company	
	403 N HOWARD AVE		
		Address	
	TAMPA, FL 33606		
		City/State and Zip Code	
	jmitchelldental@gmail.com		
For firsther information of		to be used for future annual report noti	fication)
	concerning this matter, please o	au;	
GHADA SKAFF		813 280-1256 at () Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for ti	he 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C		Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax: 18132518715

DocuSign Envelope ID: F0EFBC43-543C-4A31-88AF-85837CE18E51 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002061773

(/	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 04/03/2023	nd assigned
Florida document number L23000151687	 -	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applical	ble:	-2
(Principal office address MUST BE A STREET	T ADDRESS)	£2!
·		 <u>:</u>
		1
Enter new mailing address, if applicable:		; - ,
(Mailing address MAY BE A POST OFFICE B		•
		 : ::- ⇒
		7
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the name of the shere:	e new regis
Name of New Registered Agent:		- · · ·
•		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
•	Enter Florida street address , Florida City Zip	

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

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II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			
			Петоvе
			□Add
			□Remove
			□Add
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Change

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within the state of Florida	, and to do all things that are necessary or proper in connection with that practice.	_
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ective date, if other than t effective date is listed, the date r	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5.0207
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ecord specifies a delayed effect is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
5 Iried.		
, May 6	2023	
ed	*	
Doousigned by:		

Typed or printed name of signee