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DELMARVA DEN	TISTRY LLC	<u>'</u>			
Please Debit FCA000	0000003 For: 25				
Thank you Seth Neel	lev				
1-4/	····				
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Name	Date Time		UCC 11 Retrieval		
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TO: Registration Section Division of Corporations	
Delva Deverorny 11 C	
SUBJECT: DELMARVA DENTISTRY LLC Name of Limited Liability	Company
The enclosed Articles of Amendment and fee(s) are submitted for fi	iling,
Please return all correspondence concerning this matter to the follow	wing:
JONATHAN LEVINE	
Name	of Person
GALVAN MESSICK, PLLC	
Fim	(Company
951 YAMATO ROAD, SUITE 250	
Α.	ddress
BOCA RATON, FLORIDA 33431	
•	and Zip Code
mohicham488@aol.com E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please call:	· ·
To rante morning to the second	
	240 855-1011 Area Code Daytime Telephone Number
Name of Person	Daytine religione remix.
Contract is a shoot for the fallowing amount:	
Enclosed is a check for the following amount:	00 Filing Fee &
Certificate of Status Cert	tiffied Copy (tional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Alaiting Addross	Street Address:
Mailing Address: Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

DocuSign Envelope ID: C25CA808-CB34-4951-BD84-8D3D05348E9B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DELMARVA DENTISTRY LLC

(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 L	iability Company	were filed on 04/27/2023	and assigned
Florida document number L23000209587	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		2023
			, دی
Enter new mailing address, if applicable:		N/A	25 c
(Mailing address MAY BE A POST OFFICE	$BO\lambda$)		
			12
			P#112: 4.0
B. If amending the registered agent and/or r	egistered office :	address on our records,	enter the name of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
Town registered Stripe A reactions.	Enter Florida street address , Florida		
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as pregistered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Char	nging Registered Agent, <u>Sign</u>	ature of New Registered Agent

DocuSign Envelope ID. C25CA808-CB34-4951-BD84-8D3D05346E9B transenging Authorized rerson(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	Name	Address	Type of Action
MGR	MOKHTARI, HICHAM	11713 GREY TIMBER LANE	□Add
		FORT MYERS, FL 33913	≣Remove
			☐ Change
			ClAdd
			□Remove
			□Change
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Effec	ive date, if other than the date of filing:	0202.	,-
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docur	nent's effective date on the Department of State's records.		
reco	rd 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 t			
· .	AUGUST 25 2023		
Jaic(AUGUST 25 2023		
	DocuSigned by:		
	AICDCASEESCE4BE. Signature of a member or authorized representative of a member		

Filing Fee: \$25.00