L23000235734

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COVER LETTER

Tallahassee, FL 32314

	tegistration Se Division of Cor			
CUD III CO		VALLEY DENTAL, PLLC		
SUBJECT	I;	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	endence concerning this matter	to the following:	
		Damien Richards		
			Name of Person	
		The Richards Law Group,	PLLC	
			Firm/Company	
		PO Box 4027		
			Address	
		Ormond Beach FL 32175		
			City/State and Zip Code	
		DRichards@RichardsLawC		
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
Damien R	Richards		386 676-0199	,
Name of Person		f Person	Area Code Daytis	me Telephone Number
Enclosed	is a check for th	he following amount:		:
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration S	ection
Registration Section Division of Corporations			Division of Co	
F	P.O. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD VALLEY DENTAL, PLLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company vi Florida document number L23000235734	were filed on 05/12/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, -
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· •
B. If amending the registered agent and/or registered office a	ddress on our records	, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida Zip Code
	City	Ztp Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du rovided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Wajiha Naureen Khan	11906 AUTUMN FERN LANE	■Add
		ORLANDO, FL 32827	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			☐Remove
			ان Change
			□Add
			□Remove
			□ Change
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			Remove
			□ Change

Effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Procured 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 dis filed. ONIO 17:2023 ONIO 17:2023 ONIO 17:2023 ONIO 18:20 ONIO 18:20						
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