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COVER LETTER

TO: Registration Set Division of Cor	ection rporations	:	. 4
•			
SUBJECT: YJC Denta		ited Liability Company	
	Name of Lim	neo Liaomiy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Curtis G Dugas		
		Name of Person	
	YJC Dental, LLC		
	-	Firm/Company	
	612 Terrier Trl		
		Address	
	Crestview, FL 32536		
	Clestview, 1 L 32330	City/State and Zip Code	
	cgd17@pitt.edu		
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	concerning this matter, please co	all:	
Curtis G Dugas		at (504 \ 208-0891	
	f Person	at (e Telephone Number
Enclosed is a check for the	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 Address		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(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 06/19/2023 and assign and assign and according to the Articles of Organization for this Limited Liability Company were filed on 06/19/2023 and assign and assign and according to the Articles of Organization for the Limited Liability Company were filed on 06/19/2023 and assign and assign and assign and according to the Articles of Organization for the Name of the Imited Liability Company here: DCdontics. PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 1. B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	-	YJC Dental, LLC
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Description of the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL" abbreviation "LLC" or the abbreviation "LL" abbreviation "LLC" or the abbreviation "LL" and the mew principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DCdontics. PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the abbreviation "LLC" or the abbreviati	ıssigned	les of Organization for this Limited Liability Company were filed on 06/19/2023 a
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Name of New Registered Agent: New Registered Office Address:		address MAY BE A POST OFFICE BOX)
New Registered Office Address: New Registered Office Address:		
New Registered Office Address:	ew regis	
New Registered Office Address: Enter Florida street address		Name of New Registered Agent:
Emily 1 to the proof the first coverage of the		New Registered Office Address: Futer Florida street address
, Florida, Zip Code	te	

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 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	Membe:

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

Stated purpose of business: Bus	ness will perform profession	al dental services to sat	sfying	
PLLC requirement and will char	nge name of business from Y.	C DENTAL, LLC to I	OCdontics, PLLC	
				
				
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etive date, if other than the date ffective date is listed, the date must be 1 If the date inserted in this blockment's effective date on the Department's	e specific and cannot be prior to d c does not meet the applicable	ate of filing or more than 9	(optional) 10 days after filing.) Pursuan ements, this date will not	t to 605.0 be listed
ord specifies a delayed effective d filed.	ate, but not an effective time,	at 12:01 a.m. on the ea	arlier of: (b) The 90th da	ay after t
d December 5th	2023			
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Filing Fee: \$25.00