Division of Corporations

Florida Department of State

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(((H23000281918 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRT FAMILY DENTAL, LLC

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Certified Copy	1
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COVER LETTER

on Section of Corporations	
Family Dental, LLC	
Name of	f Limited Liability Company
les of Amendment and fee(s) are	e submitted for filing.
rrespondence concerning this m	atter to the following:
Rachel Broughton	
	Name of Person
Florida Healthcare La	w Firm
	Firm/Company
151 N.W. 1st Avenue	
	Address
Delray Beach, FL 334	144
	City/State and Zip Code
_	ess: (to be used for future annual report notification)
tion concerning this matter, ples	·
	at () Area Code Daytime Telephone Number
ame of Person	Area Code Daytime Telephone Number
for the following amount:	
Fee \$30.00 Filing Fee & Certificate of Statu	
ddress: tion Section	Street Address: Registration Section
of Corporations	Division of Corporations
(6327 see FL 32314	The Centre of Tallahassee 2415 N. Morroe Street, Suite 810
	Tamily Dental, LLC Name of the soft Amendment and fee(s) are respondence concerning this matter. Rachel Broughton Florida Healthcare La 151 N.W. 1st Avenue Deiray Beach, FL 334 rachel@floridahealthcare E-mail address: for the following amount: fee \$30.00 Filing Fee & Certificate of State didress: fion Section of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRT Family Dental, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number L23000376403	ny were filed on August	10, 2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
GRT Family Dental, PLLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new malling address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			of the new register
	Enter Florida s	treet address	
		, Florida	
	City		Zip Gode
New Registered Agent's Signature, if changing Registered Agen	it:		
l hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a heing filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my s provided for in Chap	duties, and I am far oter 605, F.S. Or, if	niliar with and this document is
ICC	anging Registered Agent.	Signature of New Regir	tered 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Add
		***************************************	□Remove
			□Change
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			Change
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		August 10,	2023			
fective date, if other than the neffective date is listed, the date mus				more than 90 days	optional) cafter filing.) Pursu	unt to 605.0207
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is filed.					(0)	,
		2022				
August 14	1	2023	<u> </u>			
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Filing Fee: \$25.00