L23000398405

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COVER LETTER

	ision of Cor				
CUD IECT.	PLS DENT.	AL LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		DANA M. KAUFMAN, E	sq		
			Name of Person		
		KAUFMAN & COMPAN	Y, P.A.		
			Firm/Company	···-	
		1001 BRICKELL BAY DI	R STE 2650		
			Address		
		MIAMI, FL 33131			-1
			City/State and Zip Code		2073 OCT 3 I
		dkaufman@kaufmancpas.co			007
		·	to be used for future annual report not	ification)	<u> </u>
For further i	nformation co	oncerning this matter, please ca	all:		70
DANA KA	UFMAN		305 455-0314		
	Name o	f Person		ne Telephone Number	06
Enclosed is	a check for th	ne following amount:			
≅ \$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	iling Addres gistration S		Street Address: Registration Se	ection	
		orporations	Division of Co	rporations	
	D. Box 632		The Centre of		10
Ta	llahassee, I	rL 32314	2415 N. Monro	oe Street, Suite 8	-10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLS DENTAL LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as <mark>it now appears on our reco</mark> liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 8/24/2023	and assigned
lorida document number L23000398405		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
Maisen Medical LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 1
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
emerpal office address in UST DE A STREET ADDRESS		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	_	· :-
		0
		<u></u>
Name of New Registered Agent: Name of New Registered Agent:	ddress on our records, <u>entc</u>	r the name of the new regist
New Registered Office Address:	Enter Florida street addr	ress
	ī	Florida
	City	Zip Code

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 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>	<u>Name</u>	Address	Type of Action
MGR	JESSICA SINGER	407 BRIGHTON J	□Add
		BOCA RATON, FL 33434	■Remove
			Change
	-		□Add
			□Remove
			□Change
			Add Remove
			Remove
			Change
			—— □Add
			□Remove
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			Change
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			□Remove
			□ Change

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ctive date if other than the date of filing:	ontional)
ctive date, if other than the date of filing: (effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.029
iment's effective date on the Department of State's records.	, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of filed.	of: (b) The 90th day after th
od OCTOBER 25 2023	
Signature of a member of authorized representative of a member	

Filing Fee: \$25.00