## L23000398601

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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	Village De T:	ntal House, PLLC			
SUBJEC	·	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	um all correspo	ondence concerning this matter	to the following:		
		ISAAC M ALSHROUF D	DS, DMD		
		<del></del>	Name of Person		
		VILLAGES DESTAL HO	OUSE, PLLC	1	
			Firm/Company	(	
		7347 POWELL RD , SUT	TE A		
			Address	<del></del>	
WILDWOOD, FL 34785					
			City/State and Zip Code		2079 E202
		dr.isaac.alshrouf@gmail.co			
		E-mail address: (	to be used for future annual report notifi	eation)	· ·
For furthe	er information o	oncerning this matter, please c	all;		·
ISAAC /	MISHROUF		813 4668372		
Name of Person		of Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for t	he following amount:			
€ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &
; !	Mailing Address Registration Division of C P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Te 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810	

2022 FH 1:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now annears on our re	enrds.)
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number 1.23000398601	were filed on 07/07/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SHROUF DENTAL HOUSE, PLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		025 AUS
	<del>.</del>	<u> </u>
		. 2
Enter new mailing address, if applicable:		., <del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>er</u>	ter the name of the new registere
New Registered Office Address:	Enter Florido street ac	ldress
		T1
	Ciţy	, FloridaZıp Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
If Cha	nging Registered Agent, Signat	ure 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** □Add □Remove Change □Add □Remove □ Change □lAdd □Remove Change □Add □Change □Add □Remove

\_ 🗆 Change

	Sign	ature of a member or authori.	ed representative of a mem	ber	
		Ĺ		<u> </u>	——————————————————————————————————————
Dated	JULY 7 , 2025	2024		I	
If the recor record is fil	d specifies a delayed effective date led.	e, but not an effective time	e, at 12:01 a.m. on the ear	•	n day after the
(If an eff <u>Note:</u>	ive date, if other than the date ective date is listed, the date must be split the date inserted in this block dent's effective date on the Department.	pecific and cannot be prior to loss not meet the applicab	date of filing or more than 90	) days after filing.) Purs	uant to 605.0207 (3 not be listed as th
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