# 173000421853

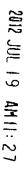
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# **COVER LETTER**

TO: Reş Div	gistration Sec ision of Cor	ction porations	ŧ					
SUBJECT:	Hernandez Endodontics & Microsurgery LLC							
NOBJECT.		Name of Lim	ited Liability Company					
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please returi	all correspo	ndence concerning this matter	to the following:					
		Ingmar Andrea Hernandez						
			Name of Person					
			Firm Company	<del></del>				
		9074 Bexley Dr						
			Address					
		Fort Myers, FL 33967						
		ihernandezdmd@gmail.con	City/State and Zip Code					
		E-mail address: (	to be used for future annual report noti-	fication)				
For further i	nformation co	oncerning this matter, please ea	all:					
Andrea Heri	nandez		407 683-1731					
	Name of	Person	at () Area Code Daytim	e Telephone Number				
Enclosed is a	eheck for th	e following amount:						
□ \$25.00 I	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				
<b>3.4</b>	ilina Adduse		e					

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

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

Hernandez Endodontics & Microsurgery LLC (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  $\frac{9/11/23}{2}$ \_ and assigned Florida document number L23000421853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Riverview Endodontics LLC The new name must be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 27399 Riverview Center Suite 104 Enter new principal offices address, if applicable: Bonita Springs, FL 34134 (Principal office address MUST BE A STREET ADDRESS) 27399 Riverview Center Suite 104 Enter new mailing address, if applicable: Bonita Springs, FL 34134 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: 27399 Riverview Center Suite 104 New Registered Office Address: Enter Florida street address \_\_. Florida 34134 👸 🙉 \_\_\_\_ Bonita Springs 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 familify 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 pability 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Ingmar Andrea Hernandez	27399 Riverview Center Suite 104	
		Bonita Springs, Ft. 34134	
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			⊡Change
			□Remove
			Change
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e record specifies a delayed The 90th day after the reco	effective rd is filed	date, but	not ar	effecti	ve time,	at 12:01	a.m. on	the ear	rlier o
July 16th		2024							
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee