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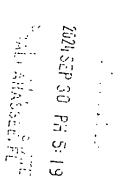
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Name of Po	$n_{ij}$	_
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3221 Ct	onway Rd	
NI AI	Adress - 012	
Orlande	o. Fl. 32812	_
nathan@	operationdental.com Operationdental.com d for future annual report notification)	
E-mail address: (10 be to	221	
information concerning this matter, please cur-	at (Area Code) Daytime Telep	Mone Number
For further in Nathan Chitty	•	Eve
Name of Person		S60.00 Filing Fee.  Certificate of Status & Certificate Copy wheel
Enclosed is a check for the following amount:    Enclosed is a check for the following amount:   530.00 Filing Fee   Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional cob) is enclosed) Certificate Certificate
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Pallahassee, FL 32314	Street Address: Registration S Division of C The Centre C 2415 N. Mo Tallahassec	Section Corporations of Tallahassee onroc Street, Suite 810 onroc Street, Suite 810

### Docusign Envelope ID: E4D72F47-E004-4574-9134-A60C13BAB6DE COVER LETTER

TG: Registration Se Division of Cor		•	
un re cer	Operation D	ental Ventures, LLC	
µUВЈЕСТ:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
		Nathan Chitty	
		Name of Person	
		Operation Dental Holdings, Inc.	
		Fiπn/Company	<del></del>
		3221 Conway Rd	
	***************************************	Address	<del></del>
		Orlando, Fl. 32812	
		City/State and Zip Code	<del></del>
		nathan@operationdental.com to be used for future annual report noti	(iestion)
For further information of	concerning this matter, please ca		(Activity
	n Chitty	407 616-5824	
	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>88:</u>	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

Docusign Envelope ID: E4D72F47-E004-4574-9134-A60C13BAB6DE,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Operation De	ental Ventures, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appearated Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	November 27, 2023	_ and assigned
Torida document number L23000526334			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the d	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			_ <u></u>
Principal office address MUST BE A STREET ADDRESS	S)	= { \( \) \(	ŪŹŸ
	_	<del></del>	ri Pi
			ယ
		A S	<u> </u>
Enter new mailing address, if applicable:		<u>(6.1</u>	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
		<u></u>	10
B. If amending the registered agent and/or registered off gent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our r	ecords, <u>enter the name o</u>	f the new regis
New Registered Office Address:	Enter Flor	ida street address	
	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 Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: E4D72F47-E004-4574-9134-A60C13BAB6DE
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	Operation Dental, LLC	3221 Conway Rd, Orlando, FL 32812	<b>=</b> Add
			□Remove
			□Change
MGR	Peter Kelly		□Add
		3221 Conway Rd, Orlando, FL 32812	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		<del></del>	□Remove
		<del></del>	□Change
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		<del></del>	□Remove

Effective date, if other than the date of filing:    (uptional)		_
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  9/18/24  Dated  Signature of a member or athtis 12:01 february february filing requirements, this date will not be listed as document's effective date will not be listed as document's effective date on the Department of State's records.  Signature of a member or athtis 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Signature of a member or athtis 12:01 a.m. of a member of a m		
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