## L24 0000 39819



| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Gry) Grand E.g. Morie wy               |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Precise  | Dental Solutions   | LLC                      |                          |
|--|--|--------------------------|--------------------------|
| ( <u>Name of the Limited L</u><br>(A F   | iability Company as it now appears on<br>lorida Limited Liability Company) | our records.)            |                          |
| The Articles of Organization for this Limited Liabil Florida document number <u>L24000398</u> (    |  | yn. 22, 2024             | and assigned             |
| This amendment is submitted to amend the following   | ng:  |                          |                          |
| A. If amending name, enter the new name of the   | limited liability company here:  |                          |                          |
| The new name must be distinguishable and contain the words   | "Limited Liability Company." the design                                    | vation "LEC" or the      | abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable   | <u></u>  |                          |                          |
| (Principal office address MUST BE A STREET A   | DDRESS)  |                          | ;<br>                    |
|  |  |                          | , J                      |
|  |  |                          | - 1                      |
| Enter new mailing address, if applicable:  |  |                          | ₩.                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                          | <del></del>              |
| Graning address MAT BE AT OST OFFICE BOX   | <u> </u>   | <u></u>                  |                          |
|  |  |                          |                          |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he |  | rds, <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent:  | Maricarnente   |                          |                          |
| New Registered Office Address:   | 5317 Webb C  |                          |                          |
| _  | Orlando  | Florida _                | 32PZ1                    |
|  | 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                | Address                    | Type of Action |
|--------------|---------------------|----------------------------|----------------|
| MGR          | Maricarmen Poventud | 5317 Webb Ct. Orlando34    | ZU (XAdd)      |
|              |                     |                            | □Remove        |
|              |                     | <del></del>                | □Change        |
| <u>AMBIL</u> | Liyun Faubert       | 5317 Webb Ct. Orlando 3282 | Add            |
|              |                     |                            | □Remove        |
|              |                     |                            | □Change        |
|              |                     |                            | □Add           |
|              |                     |                            | □Remove        |
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| <del></del>  |                     |                            | 🗆 Add          |
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|              |                     |                            | □Remove        |
|              |                     |                            | □Change        |

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| If an effectiv<br><u>Note:</u> If th | re date is listed,<br>he date inserte |                 | specific and ca<br>does not med       | innot be prior<br>et the applic | able statutory  |                 |               | <b>al)</b><br>ng.) Pursuant to 60<br>ite will not be li |             |
| e record spord is filed.             | ecifies a delay                       | ed effective da | ite, but not ar                       | s effective ti                  | me, at 12;01 :  | a.m. on the ea  | rlier of: (b) | The 90th day af   | ter the     |
| Dated                                | ang                                   | ust 19,         | · ·                                   | 2024<br>Varen                   | -[]             | tative of a men |               |   |             |