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(R	Requestor's Name)
(A	.ddress)
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(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:
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2024 DEC -1, ATTO: 17

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations			
	DELRAY I	FAMILY DENTISTS LLC			
SUBJECT:		Y FAMILY DENTISTS LLC Name of Limited Liability Company			
The analoged	l Articles of	Amendment and fee(s) are sub	mitted for Gling		
			-		
Please return	all correspo	ndence concerning this matter	to the following:		
		PAUL V CLOUGH			
			Name of Person		
		THE TAX MAESTRO IN	С		
			Firm/Company		
		1751 US HIGHWAY 27 S			
			Address		
		SEBRING, FL 33870			
			City/State and Zip Code		
		paulv@taxmaestro.com		· · · · · · · · · · · · · · · · · · ·	
For further in	nformation c	e-mail address: () oncerning this matter, please ca	to be used for future annual report not	iffication)	
PAUL V CL		oncoming and matter, preuse et	863 6584357		
	_	c n	at () Area Code Daytir		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 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)	
	ling Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELRAY FAMILY DENTISTS 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 $\frac{02/22/2024}{1}$ and assigned Florida document number L2400009 016 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CARMINE SCARFONE DMD #3, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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
		_ ,	□Add
			□Remove
			□Change
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-	
(If an effective <u>Note:</u> If th	late, if other than the date of filing:
If the record sperecord is filed,	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8 2024
(Agnature of a member or authorized representative of a member
	PAUL V CLOUGH
-	Typed or printed name of signee

Filing Fee: \$25.00