

L2400021612/201

Florida Department of State
Division of Corporations
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(((H24000216112 3)))



H240002161123ABCT

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELITE SMILES DENTISTRY LLC**

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K. SALY

JUN 25 2024

To:

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From: Yanet Avila

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6/24/2024 12:00:58 PM PAGE 1/001 Fax Server



June 24, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ELITE SMILES DENTISTRY LLC
20200 W DIXIE HWY STE 708
AVENTURA, FL 33180

SUBJECT: ELITE SMILES DENTISTRY LLC
REF: L24000121201

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard previous letter. This amendment is not filed. We cannot accept "X" as the title of the persons managing the company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000216112
Letter Number: 924A00013686

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELITE SMILES DENTISTRY 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 06/13/2024 and assigned
Florida document number L24000121201

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

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:

EXPRESS CORPORATE FILING SERVICE, INC.

New Registered Office Address:

12905 SW 42 STREET SUITE: 210

Enter Florida street address

MIAMI

Florida

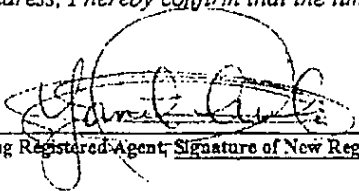
33175

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIRTA HECHEVARRIA	20200 W DIXIE HWY STE 708	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CECILIA MARIA REY	20200 W DIXIE HWY STE 708	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ord is filed.

Dated June 14, 2024.


Signature of a member or authorized representative of a member

CECILIA MARIA REY

Typed or printed name of signee