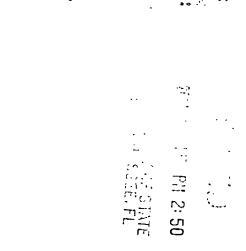
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
	wadrous DMD, PA			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ashley Wedding			
		Name of Person		
	Cohen Law Firm PLLC			
		Firm/Company		
	45908 Corte Tobarra			::3
		Address		<u> </u>
	Temecula CA 92592		;;; -:5	
	Ashley@cohenlawtirmplle.	City/State and Zip Code com		
	E-mail address: (to be used for future annual report noti	fication)	ကြ
For further information of	concerning this matter, please c	all:	(Fr)	0
Ashley		972 2947531		
Name o	of Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing F	lee
= \$20.00 Time rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres		Street Address:	.•	
Registration ! Division of C		Registration Se Division of Cor		
P.O. Box 632		The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John M. Tawadrous DMD, PA (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 and assigned Florida document number 1.24000257494 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: John M. Tawadrous DMD, PLLC 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 _, Florida __

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.

Ciry

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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