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V-KARE DENTISTRY, L.L.C.

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:Of.

	Name of Lin	nited Liability Company		
icles of	Amendment and fee(s) are sub	omitted for filing.		
orrespo	ndence concerning this matter	to the following:		
	KERRY ANNE SCHULT			
		Name of Person	····	
	SCHULTZ LAW GROUP	P. P.L.L.C.	:	
	**	Firm/Company	<del></del> ,	
	2777 GULF BREEZE PA	RKWAY		
		Address	10-1	
	GULF BREEZE, FLORIE	DA 32563		; {
		City/State and Zip Code	C m	
			<u> </u>	
	E-mail address: (	to be used for future annual report noti	ification)	
ation co	oncerning this matter, please c	all:		
CHUL	ΓZ	850 754-1600		
Name of	Person		te Telephone Number	
k for th	e following amount:			
Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	
ation S	ection	Street Address: Registration Se	ction	
		Division of Cor	porations	
	ation coscillation State of Corresponding Sta	Cles of Amendment and fee(s) are substructed with the second concerning this matter.  KERRY ANNE SCHULT  SCHULTZ LAW GROUP  2777 GULF BREEZE PA  GULF BREEZE, FLORID  KASCHULTZ@SCHULTZ  E-mail address: (attion concerning this matter, please concerning this matter, please concerning this matter.)  CHULTZ  Name of Person  k for the following amount:  Fee  \$\square\$ \$30.00 Filing Fee &	ARE DENTISTRY LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:  KERRY ANNE SCHULTZ  Name of Person  SCHULTZ LAW GROUP, P.L.L.C.  Firm/Company  2777 GULF BREEZE PARKWAY  Address  GULF BREEZE, FLORIDA 32563  City/State and Zip Code  KASCHULTZ@SCHULTZLAWGRP.COM  E-mail address: (to be used for future annual report not ation concerning this matter, please call:  CHULTZ  Name of Person  Area Code  Dayting  K for the following amount:  Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Address:  Registration Section  of Corporations  Address:  Registration Section  of Corporations  x 6327  The Centre of T	ARE DENTISTRY LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:  KERRY ANNE SCHULTZ  Name of Person  SCHULTZ LAW GROUP, P.L.L.C.  Firm/Company  2777 GULF BREEZE PARKWAY  Address  GULF BREEZE, FLORIDA 32563  City/State and Zip Code  KASCHULTZ@SCHULTZLAWGRP.COM  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  CHULTZ  Name of Person  Area Code  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Midness:  Registration Section  of Corporations  x 6327  The Centre of Tallahassee

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V-KARE DENTISTRY LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record lited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000343071</u> .	oany were filed on	and assigned
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 I	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	<u>s)</u>	· · · · · · · · · · · · · · · · · · ·
		 28.55 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2% 6 U
<del></del>		C 0 2
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	y
	. Flo	orida
	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, 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	TRIPATHI, SHREY	1124 CYPRESS LOFT PL	
		LAKE MARY, FL 32746	≅Remove
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becomment's effective date on the I	block does not	meet the applic	able statutory	g or more than 90 filing requiren	(optional) days after filing.) Filents, this date w	Pursuant t ill not b	o 605.0207 e listed as
record specifies a delayed effecti is filed.	ive date, but no	t an effective ti	me, at 12:01	a.m. on the earl	ier of: (b) The	90th day	after the
August 21		2024					
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Mushrathi							

Filing Fee: \$25.00