

L24000364978
Florida Department of State
Division of Corporations
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IDEAL DENTAL SOLUTION LLC

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K. SALY

OCT 28 2024

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Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

IDEAL DENTAL SOLUTION 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 08/22/2024 and assigned
Florida document number 124000364978.

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:

18503 PINES BLVD STE. 310

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL. 33029

Enter new mailing address, if applicable:

18503 PINES BLVD STE. 310

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL. 33029

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:

CHANGE OF ADDRESS

New Registered Office Address:

18503 PINES BLVD STE. 310

Enter Florida street address

PEMBROKE PINES

City

Florida 33029

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 695, 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

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	CHANGE OF ADDRESS	13503 PINES BLVD STE 310	☐ Add
		PEMBROKE PINES, FL 33029	☐ Remove
			☒ Change
AMBR	CHANGE OF ADDRESS	13503 PINES BLVD STE 310	☐ Add
		PEMBROKE PINES, FL 33029	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 25, 2024

Signature of a member or authorized representative of a member

RAPHAEL PEDERSOLI NONATO
Typed or printed name of signer