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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGN AND FAMILY DENTISTRY 1, LLC

Certificate of Status	0
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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGN AND FAMILY DENTIS	TRY 1, LLC				
(Name of the Lim	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) iny)			
The Articles of Organization for this Limited I Florida document number L24000425500	Liability Company were filed or	1 10/02/2024	and a	ssigne	.i
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability compan	y here:			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the a	obreviation '	"L.L.C."	
Enter new principal offices address; if appli	cable:		- 32	-28	
Principal office address MUST BE A STRE	ET ADDRESS)		1777	<u> 2</u>	
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n			51.76 66.77	-7	3 (
Enter new mailing address, if applicable:			The state of the s	¥	3 6
(Mailing address MAY BE A POST OFFICE BOX)		_ _	<u> </u>	+-	
			ri	L –	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o ess here:	ur records, <u>enter the naл</u>	ne <u>of the n</u>	ew reg	<u>zister</u>
Name of New Registered Agent:		 			
New Registered Office Address:	9400 SW 164TH CT		••		
1,011 100,100,00	Enie	r Florida street address			
	MIAMI	, Florida <u>33</u>	3196		
	City		Zip Coo	le	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed i	from our records:		
MGR = Ma AMBR = Au	anager uthorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		Address Type of Action Add Remove Change Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove	
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E. Effecti	e date, if other than the date of filing: (optional)			207
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	.) Pursuant to	605.02 listed	
(If an effe <u>Note:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing If the date inserted in this block does not meet the applicable statutory filing requirements, this date	.) Pursuant to	605.02 listed	
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