

# L25000526635

Florida Department of State  
Division of Corporations  
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH DENTAL, LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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2025 DEC -5 PM 12 24

PALM BEACH DENTAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L25000526635.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Palm Spring Dental LLC

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:

18101 COLLINS AVE

**(Principal office address MUST BE A STREET ADDRESS)**

1904

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

18101 COLLINS AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

1904

SUNNY ISLES BEACH, FL 33160

**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**

*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**

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

