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**EXAMINER** 



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07/30/10--01024--015 \*\*25.00



## **COVER LETTER**

TO: Régistra Division	tion Section of Corporations		•
SUBJECT:	Wells Ba	aur Endodontics, P.L.	
		Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) ar	e submitted for filing.	
Please return all c	orrespondence concerning this m	atter to the following:	
		Robert E. Sickles, Esq.	
		Name of Person	
		Hinshaw & Culbertson	
•		Firm/Company	
•	100	South Ashley Drive, Suit	e 500
		Address	<u> </u>
		Tampa, FL 33602	
		City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	rsickles@hinshawlaw.co	m
<b></b>			or nonnegroup
For further inform	nation concerning this matter, ple	ase can:	<b>}</b> •
	Kim Novak	at ( 813 )	868-8838
	Name of Person	Area Code &	Daytime Telephone Number
	•	•	
4	ck for the following amount:		• • • • • • • • • • • • • • • • • • •
<b>▼</b> \$25.00 Filing	Fee \$\sum_\$30.00 Filing Fee & Certificate of Stat	us S55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		•	
• •			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bui	Corporations Iding Itive Center Circle

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

WELLS (Name of the Limited)	BAUR END Liability Compa A Florida Limited I	DODONTICS, P.L.  ny as it now appears on our record  iability Company)	is.)	<u> </u>	
The Articles of Organization for this Limited I Florida document number		were filed onJanuary 12,	2007	and as	signed
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
	Wells Endodo				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the designa	tion "LLC"	or the	abbreviatio
Enter new principal offices address, if applicable:		3757 Maryweather Lane			
(Principal office address MUST BE A STREET ADDRESS)		Suite 101	E <sub>g</sub> .	<u> </u>	
		Wesley Chapel, FL 33544		ے	NºS 1 : Male
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3757 Maryweather Lane Suite 101	ASSECT F	L 30 PH	Participals Stransport
	<u> </u>	Wesley Chapel, FL 33544		င္မ	
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of ffice address her	fice address on our records, <u>e</u> :	<u> </u>	ame o	of the nev
Name of New Registered Agent:	Robert E. Sickles, Esq.				
New Registered Office Address:	Hinshaw & Culbertson, 100 S. Ashley Drive, Suite 500  Enter Florida street address				)
		Tampa, Florid	da	3360	2
·		City		p Code	3
New Registered Agent's Signature, if changing l	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

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D. If amendi:	ng any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
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Dated	uly 28 3	2010	<del></del>
	GA	efflet	
•	, , , , , , , , , , , , , , , , , , ,	mber or authorized representative of a member  Nells, Managing Member	

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Filing Fee: \$25.00