

LO7000106782

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(City/State/Zip/Phone #)

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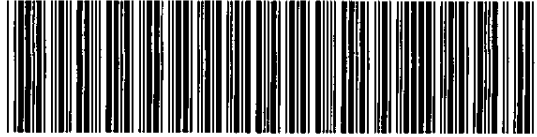
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Main Street of Aventura Dental Management, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bileca

(Name of Person)

(Firm/Company)

12515 North Kendall Drive, Suite 406

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Bileca

(Name of Person)

at (305) 773-6251

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 OCT 24 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Main Street of Aventura Dental Management, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on October 22, 2007 and assigned document number L07000106782.

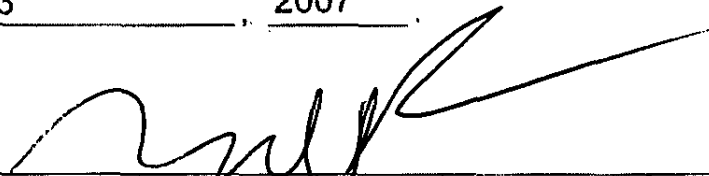
SECOND: This amendment is submitted to amend the following:

Article I of the Articles of Organization for Main Street of Aventura
Dental Management, LLC is hereby amended by deleting
said Article I and replacing it with the following:

ARTICLE I - Name:

The name of the Limited Liability Company is: Main Street of
Aventura Practice Management, LLC

Dated October 23, 2007



Signature of a member or authorized representative of a member

Michael Bileca, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00