

L07000118707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

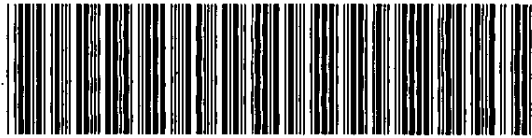
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 OCT 15 PM 4: 17

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OCT 17 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dental Practice Solutions, 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:

Maria Pia Giannini
(Name of Person)

Dental Practice Solutions, LLC
(Firm/Company)

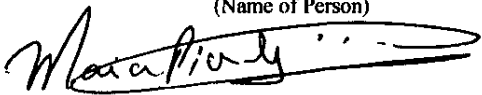
3013 Clark Road, #10
(Address)

Sarasota, Florida 34231
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Maria Pia Giannini at (941) 350-0835
(Name of Person) (Area Code & Daytime Telephone Number)



9/29/08

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2008

MARIA PIA GIANNINI
DENTAL PRACTICE SOLUTIONS, LLC
3013 CLARK ROAD, #10
SARASOTA, FL 34231

SUBJECT: DENTAL PRACTICE SOLUTIONS, LLC
Ref. Number: L07000118707

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DIVISION OF CORPORATIONS
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We have received your document for DENTAL PRACTICE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 408A00052347

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 OCT 15 PM 4:17

Dental Practice Solutions, 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 November 26, 2007 and assigned Florida document number L07000118707.

This amendment is submitted to amend the following:

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

Pia Practice Solutions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3013 Clark Road, #10

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, Florida 34231

Enter new mailing address, if applicable:

5020 Clark Road, Suite 425

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, Florida 34233

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 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)

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
MGRM = Managing 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"/> Add
		_____	<input type="checkbox"/> Remove

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

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

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

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

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Dated 10/13/08

Maia Pia Giannini
 Signature of a member or authorized representative of a member
Maia Pia Giannini
 Typed or printed name of signee